

To all practitioners of the healing arts in America who are pioneers in introducing acupuncture to the West. It takes courage and dedication to withstand the entrenched forces of orthodoxy and conventionality.

The
"How to"
SEMINAR OF ACUPUNCTURE
for Physicians



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Edited by Edrita Page

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ABOUT THE AUTHORS



Dr. Gordon D. Heuser -- Dr. Rolla J. Pennell

Years before publicity about trips to China by President Nixon and columnist James Reston made acupuncture a household word in America, Dr. Rolla J. Pennell and Dr. Gordon D. Heuser had teamed up for research into this ancient healing art.

Their curiosity was aroused when they observed unexplainable results following treatment by a neuro-reflex pain control technique on which Dr. Pennell had written a textbook. After three trips to the Orient for investigation and research, Dr. Heuser and Dr. Pennell became convinced that the treatment effects obtained with the pain control technique, although they did not follow known neural pathways, did follow the pattern of acupuncture results and concepts. Together they wrote a textbook, entitled **Oriental Pain Control**, on the use of these principles and concepts by means of a finger-pressure technique. Together they held many seminars to teach the technique to hundreds of other doctors.

The healing successes achieved with **Oriental Pain Control** led them to investigate other methods of applying acupuncture principles. They read extensively, using translators for their study of Oriental books and treatises on acupuncture. They conferred with dozens of acupuncturists around the globe and observed them at work. They tried the various methods in their own clinics. They organized professional seminars on acupuncture techniques which resulted in thousands of doctors becoming proficient in the practice and application of acupuncture.

The 'How to' **Seminar of Acupuncture for Physicians** is a compilation of ten years of intense study, research, and experience, organized by Dr. Heuser and Dr. Pennell into a usable, practical manual of instruction.

ACKNOWLEDGMENTS

The authors have, in the past ten years, been privileged to confer with and receive more than 2000 hours of personal instruction from dozens of outstanding practicing acupuncturists, as well as several masters of acupuncture. It is not possible to mention all their names here, but thanks for their warm hospitality and kind assistance is especially extended to Dr. Richard D. Yennie, Dr. Tao Hsi-Yu, Dr. Wu Wei-Ping, Dr. Leung Kok-Yuen, Dr. Yat Chiow, Dr. Kenichiro Kon, Dr. Kunzo Nagayama, Dr. Edward Wong, Dr. Rihei Hosaka, and Dr. Ian A. Urquhart.

We also wish to express our admiration and appreciation to the authors of the many books and treatises on acupuncture which have added so much to the sum of our knowledge.

Most important, the authors owe much to Edrita Page, who not only edited this book but spent hundreds of hours checking, rechecking, and correlating source materials.

Without all of the above, this book could not have been written. Thank you.

Dr. Gordon D. Heuser
Dr. Rolla J. Pennell

In the past few years, a number of books about acupuncture have appeared on the market. Some of them have been written by practitioners of the art. Some were written by students of Oriental cultures who were intrigued by the romance and mystery of ancient manuscripts describing a method of healing which has survived for at least 4500 years. Not one of the books we have read, either written or translated by Westerners, gives clear, understandable instruction which the Western-trained physician can relate to his existing knowledge as a basis for the application of acupuncture principles and procedures in his practice. This book is meant to fill that need. It is not a mere rephrasing or reinterpretation of the poetic philosophies which, although they are in accord with the Oriental mind and concepts, will not fit their rounded edges into the firmly-squared Western habit of rationally examining and analyzing facts.

This book gives you such facts as are available from scientific research and clinical experience, and asks you to accept as fact certain premises which are basic to the theory and practice of acupuncture. It is fact that these premises have worked reliably for billions of people through more than 45 centuries of recorded history.

First of all, we must realize that the popular term "acupuncture" is actually a misnomer. From the Latin "acus," needle, and "pungo," to puncture, "acupuncture" is the name given by the French to but one aspect of a much more inclusive healing art. This art would be more correctly called "meridian therapy" or "acuthery." But as "coke" has come to mean any cola drink, so the word "acupuncture" has become familiar in the Western world, and is used to designate all forms of a healing art which employs many methods other than needles to balance life energy in the meridians. These methods include

manipulation, finger pressure, blunt probes, electrical impulses, steel balls, heat, massage, and several different types of needles. We acknowledge the force of public opinion and use the term "acupuncture" interchangeably with "meridian therapy" and "acuthery" in this book, specifying at times if a particular method of application is under discussion.

In preparation for writing this book, we have studied dozens of different works on acupuncture and Oriental healing. We have conferred with and observed many outstanding practitioners of acupuncture in order to learn their attitudes, concepts, and opinions.

Most modern books on acupuncture include the authors' own translations and interpretations of ancient source materials. This we too have done. But in addition, we have advanced some new theories and premises based on our own experience. We hope they will not only help to explain some of the phenomena of acupuncture, but will direct the inquiring minds of a free, academic community to deeper investigation in the field of acupuncture. We will welcome challenges or criticisms of any of these new ideas which you may find controversial. However, we trust criticism will not be offered just as an intellectual exercise, but will be based on experience in disproving the theories.

We have tried to use terminology, examples, and analogies that are clear and precise to replace some of the allegorical and mystical phraseology handed down through centuries in the Orient. We found that one of the major hindrances in the study of acupuncture was lack of an adequate vocabulary. We have taken the liberty of coining some new terms which we hope will become

standard terminology among acupuncturists --- acupuncture therapy, acupoint, acushock, acupuncture exhaustion, and acupuncture pressure.

We have not included instruction in the use of acupuncture anesthesia in surgery for two reasons. First, we have not had the experience in this comparatively new and unestablished field to qualify us to write about it. Second, the use of acupuncture anesthesia in surgery is limited to a relatively small percentage of patients. We believe the greatest benefit to humanity will be from using acupuncture as a treatment therapy for the millions who can benefit every day.

In the practice of Western healing professions, most of the physician's time is necessarily spent in treating sick persons -- very little in preventing poor health. In fact, little is actually known about preventing disease. Conversely, in the ancient art of acupuncture, the physician's major task was to prevent sickness and disease. His efforts toward that end were assured by the prevailing fee system which provided payment to the doctor as long as the patient was healthy. Payment stopped when the patient became sick. Few doctors today could survive on such a fee system.

Traditionally, then, the major objective of acupuncture treatment is preventing sickness and disease. However, before this aspect of acupuncture can be widely practiced in the West, a great deal of knowledge, proficiency, and experience is required on the part of the physician, as well as re-education of patients so that they consult the physician before they become ill.

The second objective of acupuncture treatment -- getting sick people well -- can be attained much more quickly and

easily than the first. During the past 10 years, we have had the opportunity to lecture to thousands of physicians in many countries of the world on the subjects of neurological pain control, acupuncture, acuthery, and acupressure. This teaching experience has allowed us to determine exactly what knowledge is needed by the physician-student to permit him to begin the practice of acupuncture. This treatise is the condensation of notes and lectures that have been used to train hundreds of physicians in the fundamentals of acupuncture practice.

This book gives you theory, philosophy, and general rules for diagnosis and treatment in acupuncture, acupressure, and acuthery. It also gives you exact formulae for treating many specific symptoms and conditions. Before attempting to put any of the instructions to use, be sure to read carefully all the way through the book.

As soon as you have studied this material two or three times, you are ready to start practicing. Do not wait until you feel completely confident. Begin -- for you will learn as much from experience as from study. Start with the cases which have failed to respond to conventional treatment. Your success with these difficult cases will soon develop within you increased confidence in acupuncture treatment.

The 'How to' Seminar of Acupuncture for Physicians is a basic course in acupuncture, acuthery, and acupressure for doctors who wish to widen the scope of their skills with another possible solution for some of the baffling cases that frustrate all physicians at times. Remember, this is not an encyclopedia of acupuncture. There is much more to acupuncture than is in these pages, but all the fundamentals are here . . . all you need to get started and to treat 90% of the cases you see. Not a replacement for

CHAPTER I

HOW TO USE THE INFORMATION IN THIS BOOK

SEMINAR IN BOOK FORM

The 'How to' Seminar of Acupuncture for Physicians is not just a book -- it is a seminar in book form. As is the case with attendants at any professional seminar, you who study in this one will begin at different levels of experience and understanding.

DIFFERENT LEVELS

Some of you will already be practicing acupuncture, acupressure, or acuthery, but wish to further develop your understanding and enhance your skills . . . or perhaps even correct some inadequacies or improper habits you may have developed. Some of you will have basic knowledge and understanding of the principles and wish to enlarge on them and add the skills to apply acupuncture in practice. For some of you this will be your first venture into the realm of this type of therapy.

SAME APPROACH

We suggest that each of you, regardless of your experience or lack of it, approach this course in the same manner . . . as if you were a novice. One reason is that theory, philosophy, explanation of phenomena, and practical application are intermingled throughout the course. Another reason is that some new concepts and some new approaches to old concepts are presented here. Skip-reading or skimming through the book to pick out certain segments could cause a misunderstanding of inter-related information.

Our recommendation is that you read the course carefully, all the way through. Then begin at the beginning to put it into practice.

NOTE: Space has been provided on each page for your own notes. Also, the course is in loose-leaf form so that you may add new material (formulae, charts, case records, etc.)

LIKE PLAYING PIANO

The practice of acupuncture could be compared to playing the piano. Music can be produced from the 88 piano keys in a simple, one-finger rendition of "Jingle Bells" or in a complex rendition of a Rachmaninoff concerto. They are different types of performances, but both are music, both serve a purpose.

The acupuncture "piano" has more than 1000 "keys" in the human body's 1000-plus acupoints. Harmonious effects can be achieved by using simple techniques or by using more complicated methods.

BEGIN WITH SIMPLE METHODS

As you read through this book, keep in mind that you are going to begin your practice of acupuncture by using the simplest, most-easily-learned methods first. Then as you gain knowledge, skill, and experience you will graduate to the more complex applications and become a "virtuoso" of acupuncture.

ADD TO SKILLS

Just as a concert pianist always continues

to use the basic scales and chords upon which he built his artistry, so will you continue to use the basic acupuncture techniques upon which you build your proficiency. You add to your skills. You do not replace one with another.

THREE STAGES

Most practitioners find that proficiency is best gained by implementing acupuncture into their practices in three stages:

- 1) **Treat the tender acupoints.** This is a basic method of diagnosing and treating which will prove effective in approximately 60% of cases. Essentially, it is a trial-and-error system of palpating for relative tenderness of acupoints, then stimulating the tender acupoints until you find one that corrects the condition. For example, if the patient has a lung problem, palpate along the Lung meridian. If the patient has a problem in the knee joint, palpate the acupoints around the knee. Then start by treating the most tender acupoints. (See Chapter V.)
- 2) **Use proven formulae.** This method of treatment utilizes the experience other acupuncturists have gained in treating similar conditions, and is based primarily on diagnosis by symptoms. Specific formulae for a number of conditions and symptoms are given in Chapter XIV.

- 3) **Individual Prescription.** In this system you use the Laws of Acupuncture and consider the interrelationships of the acupoints and meridians in diagnosis, prescription, and treatment. (See Chapters VII and VIII.)

Remember, you do not abandon one system when you begin to use another. The master acupuncturist makes appropriate use of all methods, all his knowledge and skills. But he began, as you will do, at the beginning.



Title Page of the
HUANG TI NEI CHING SU WEN

CHAPTER II

HISTORY AND MYSTERY OF ACUPUNCTURE

VEIL OF MYSTERY

A veil of mystery shrouds our knowledge of acupuncture and screens it from total understanding. Orientals accept but cannot fully explain some of the underlying philosophical concepts of acupuncture, such as the maintenance of harmony between "Heaven and Earth"; the intermingling of this world and a world beyond; and the inseparable relationship of man's body with spirit, mind, the elements, and inanimate matter. Trying to translate these underlying philosophical concepts of disease and health into statements of provable fact is like trying to cut a hole in fog.

LACK OF PROOF

Failure to dispel the veil of mystery surrounding acupuncture is due primarily to two inadequacies. One is the absence of any substantial amount of documentary evidence on how and when acupuncture first emerged as a healing art. The other is lack of unassailable verification by test tube or microscope of the existence of the meridian system and **Chi**, the vital energy which is basic to the theory, philosophy, and practice of all meridian therapy.

NEI CHING, BASIS OF ACUPUNCTURE

One of the oldest known treatises on acupuncture is the 24-volume **Nei Ching**. Its origin is attributed to Huang Ti, the "Yellow Emperor," who is believed to have ruled from 2697 to 2597 B.C. Neither Eastern nor Western historians agree



HUANG TI, THE YELLOW EMPEROR

among themselves on whether he was real or legendary. However, the **Nei Ching** is still the basis for the practice of meridian therapy today, and has been the basis of health treatment for at least one-quarter of the world's population for probably the past 45 centuries.

Since very few modifications and additions have been made to the detailed knowledge handed down in the **Nei Ching**, we must assume that acupuncture underwent its stages of discovery and development even earlier than 45 centuries ago.

THEORIES OF ORIGIN

Some of the theories advanced about the origin of acupuncture are:

- (1) Warriors injured by spears and arrows, or weavers punctured by needles, noted that certain diseases were cured.
- (2) In the process of torturing criminals, officials observed that illnesses disappeared.
- (3) The geographic boundaries of China could at one time have encompassed Tibet, where even today the people are known to possess unusual mental powers. Perhaps a master of meditation envisioned the entire concept of life energy, the meridians, and their relationships.

- (4) The knowledge and wisdom recorded in the **Nei Ching** somehow survived the demise of a highly developed scientific civilization, like the legendary lost continent of Atlantis.

Until evidence is uncovered to prove or disprove the theories, the origin of acupuncture must remain a mystery.

ADVANCED CIVILIZATION?

It is interesting to note that the **Nei Ching** indicates China was ahead of the West in many areas of development. The Yellow Emperor's people wore cloth garments and lived in houses when Europeans still wore animal skins and lived in caves. Huang Ti invented wheeled vehicles, a system of musical notes, and the art of writing. The Chinese conceived of blood circulating continuously in a series of vessels some 4000 years before Western physicians reached that conclusion. Centuries before the works of Einstein, Plank, Whitehead and Jeans supplied proof, the Chinese conceived of all things as aspects of one essence, like sound and echo, light and shadow, material and non-material, energy and matter. The **Nei Ching** described the solar system as having nine planets, although according to Western science Neptune was not discovered until 1846 and Pluto until 1930. Obviously the ancient Chinese possessed knowledge of facts far beyond any evidence we have of their scientific capability of proving them.

SCIENTIFIC PROOF

Is there any scientific proof of acupuncture? Modern science, with all its advanced technology, has not yet come up with satisfactory proof of vital energy and the meridians as anatomical entities. However, scientific verification of many of acupuncture's **effects** seems consistent with Chinese theory.

In research in France, electrocardiogram readings on heart patients showed improvements after acupuncture treatments. In Russia, scientists discovered that a sensitive stethoscope disclosed different sounds over the acupoints; that the skin is less dense at these spots; and that the skin temperature is different on an acupoint than on the surrounding areas. A Korean scientist found variations in the skin's electrical resistance, and also claims to have found a different type of cell in the tissue at the acupoints.

EMPIRICAL EVIDENCE

Perhaps acceptable proof will come with more research on the part of science. Meantime, empirical evidence continues to mount. In addition to the dramatic use of acupuncture anesthesia in surgery, China today reports remarkable success with acupuncture in cases of deafness, paralysis, paraplegia, epileptic seizures, mental disorders, and many other illnesses.

The Russians reportedly started their

scientific investigation into acupuncture in 1956. Controlled experiments on hundreds of patients who had been pronounced incurable by Western medical methods allegedly produced astounding results. The "incurable" cases cured by acupuncture included impotence, heart disease, peptic ulcers, spastic colitis, bronchial asthma, hyperthyroidism, facial spasms, and glaucoma.

Practicing acupuncturists in the People's Republic of China, Thailand, Korea, Argentina, Brazil, Germany, Austria, Italy, Belgium, England, Canada, and Taiwan have stated that their clinical experience in the use of acupuncture supports these claims of dramatic effectiveness.

Perhaps advanced instrumentation and methods for research will soon be developed and proof will be forthcoming to satisfy the Western "show me" attitude. Then we can accept acupuncture on a scientific basis rather than on the mere fact that it has worked for 4500 years!

CHAPTER III

THE PREMISES OF ACUPUNCTURE

WHAT IS ACUPUNCTURE?

In the 17th century, Jesuit missionaries traveling through China observed the Chinese doctors plunging needles into patients to produce healing effects. Upon their return to France, the travelers told others about this strange new method of treatment. Instead of trying to cope with the unfamiliar Chinese name, they coined the name acupuncture, from “acus” for needle and “pungo” to puncture.

Unfortunately, when they coined the name, these first Occidental observers did not realize that they had glimpsed only the tip of an iceberg; that the needle treatment they had seen was only one method of a system of healing for which the Chinese name is “Chung Guo I Hsueh” which, literally translated, means “Middle Kingdom Healing.”

MERIDIAN THERAPY

A more appropriate name than acupuncture for this Chinese system of healing would have been “meridian therapy.” The term meridian therapy is descriptive of the rationale of the therapy, whereas “acupuncture” describes just one method of administering the therapy. Meridian therapy can be applied in many ways other than by using needles, or acupuncture.

Descriptions of diagnosis and treatment in ancient Oriental manuscripts show that the physician was cognizant of the fact that the whole man must be treated -- physically, mentally, and emotionally.

Application of a stimulus directly to the meridian points was always accompanied by treatment or advice to correct the environmental stress that precipitated the illness or impending illness.

FOUR ASPECTS OF MERIDIAN THERAPY

In ancient times there were four aspects of meridian therapy. Four different methods and approaches were used in treating the meridians; (1) Herbal medicines and diet to affect the meridians chemically; (2) Direct stimulation of the acupoints by various method such as needles, cauterization, massage, pressure, etc.; (3) Manipulation of the spine and joints, using much the same method used today by osteopaths and chiropractors; (4) Psychotherapy through emphasis on controlling emotions and attitudes, especially with meditation, contemplation, and introspection.

The meridians may be treated with herbs, chemicals, electrical stimulus, heat, cold, spinal manipulation, color, sound, ultrasound, hypnosis, medication, exercise, breathing regimens, meditation, massage, etc. In fact, many forms of stimulus may be used to affect or treat the meridian system.

MAN . . . A SMALL UNIVERSE

Meridian therapy, or acupuncture, is based on the ancient Chinese philosophical concept that man is a small universe and a replica of the larger one; that every function of body and mind is governed by the same natural laws of positive and

negative magnetic attraction and controlled by the same vital forces of energy that keep the universe functioning.

The Chinese of ancient times were remarkably advanced in their thinking. Centuries before the West had words to name them, atoms, neutrons, protons, electrons, and their actions were a part of the Chinese concept of the universe. The Chinese somehow conceived, with no means of proof, of the orbit arrangement of atoms within matter, matter within earth, planets within the solar system, galaxies within the universe, and all as one vast, indivisible entity. They believed that all things are linked together in a harmoniously balanced chain. All bad -- catastrophe, war, chaos, illness -- results from a violation of this harmony. Good is restored when harmony is restored . . . and the restoration of harmony is the goal of acupuncture.

CHI CONTROLS HARMONY

In the human body, the force or energy which controls harmony is called Chi (chee) and resides in definitive, although invisible, zones called meridians. Chi has both positive and negative aspects which are called Yang and Yin. It is when the normal balance of Yang and Yin is disturbed that disharmony results and illness occurs. In meridian therapy, prescribed points on the meridians are stimulated to adjust the energy back to its proper balance of Yang and Yin. Harmony is restored, and health is

regained.

ORIENTAL CONCEPTS

Accepting the Oriental concepts will help the Western physician understand acupuncture. Knowing certain basic premises, most of them founded in Chinese philosophy, will enable you to master this therapy which has proved trustworthy for billions of people through 45 centuries, relieving pain, restoring health, and prolonging life.

Although acceptance and understanding of the broad concepts are not essential to the practice of acupuncture, until such time as modern science either validates or replaces them, our practice will best consist of applying the principles and premises that have proved so reliable they have survived almost unchanged for 4500 years.

PREMISE 1

There is within the human body a force called Chi which, when present, imparts life to the body. When it is withdrawn, death results. It is thought of as life force, or life energy.

PREMISE 2

This life force, Chi, resides, moves, and functions through definite channels or zones in the body called meridians, which connect to vital organs and to each other. Although this meridional network is best understood by the Western mind to be physiological rather than anatomical, to the Oriental it is a definite anatomical system in the body as are the nervous, circulatory, lymphatic and other systems,

and is just as widespread.

PREMISE 3

The human body is innately capable of maintaining homeostasis. Homeostasis is a relatively new word in the English language. Homeostasis is defined as a tendency toward maintenance of a relatively stable internal environment in the bodies of higher animals through a series of interacting physiological feedback processes (as in the maintenance of a fairly constant degree of body heat in the face of widely varying external temperatures). If “homeostasis” has an exact counterpart in the ancient Chinese language used in acupuncture manuscripts, we have not discovered it; yet many of the somewhat vague and poetic Chinese terms and phrases seem to describe this normalizing function.

PREMISE 4

Interference in homeostasis results in an imbalance of Chi within the meridional system (excess in some areas and deficiency in others), and disease of almost every known type may then occur.

PREMISE 5

This interference can result from external forces such as wind, cold, heat, germs, poison, trauma; or from internal forces such as emotional upset, stress, or organic malfunction.

PREMISE 6

The instances of imbalance of Chi within the meridians can be determined and diagnosed by both Western and Oriental

methods.

PREMISE 7

An acupuncture "prescription" can be determined to remove the interference in homeostasis (flow of Chi) and restore balance within or between meridians.

PREMISE 8

This "prescription" can be filled by selecting the proper type of acupuncture therapy (needle, pressure, heat, light, ultra-sound, ultra-violet, electricity, herbs, etc.) and applying it at specific acupoints.

PHYSICAL THERAPY

Remember that acupuncture, or meridian therapy, is a form of physical therapy involving the use of a physical agent or stimulus. It is not a cure-all, nor does it replace more conventional forms of therapy. The Chinese traditionally combined it with the use of herbs, diet, manipulative therapy, and spiritual, emotional, and environmental adjustment. In the same way it can be combined with surgery, medicine, psychotherapy, osteopathy, chiropractic, and dentistry. It is to be used with rather than to replace other forms of therapy.

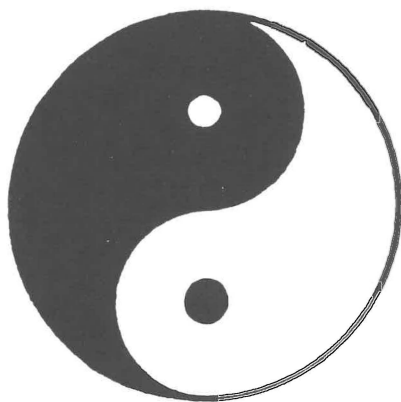
This book gives you clinically tested formulae of acupoints for symptomatic relief and cure of many specific conditions, plus guiding principles to apply to those conditions less clearly defined or diagnosed.

WHAT IS CHI?

The Chinese believe that there is a

motivating force behind all life. They call this force **Chi**, for which one English translation is "energy." This force or energy moves within the body over a network of connected channels called meridians.

YIN AND YANG



Symbol of Yin and Yang

The dual expressions of Chi are Yin and Yang, which are the two opposing but interrelated aspects always present in everything in the macrocosm of the universe and all its microcosms, including man.

Yin is negative, dark, cold, feminine, deep, etc. Yang is positive, light, warmth, masculine, superficial, etc. Yin and Yang are indivisible. They are the opposing-balancing forces of one entity, like the two ends of a magnetic bar which has a positive and a negative end. If you cut the bar in two, each half still has a positive end and a negative end. To quote from the **Nei Ching**: "The Yin and the Yang are contained within the Tao, the basic principle of the entire universe. They create all matter and its transmutations. The Tao is the beginning and the end; life and death; and it is found within the Temples of the Gods. If you wish to cure disease, you must find this basic cause."

Chi in the body is always both Yin **and** Yang . . . not Yin **or** Yang. In health a delicate balance exists between the negative influences of Yin and the positive influences of Yang. These influences are

not static, not equally distributed. There is a normal fluctuation and pulsation like the ebb and flow of the tides.

In fact, the Chinese belief is that Chi has a correspondency to the rhythms of nature. Changes occur with the seasons, the lunar cycle, barometric pressure, weather, the time of day, and even with a move from one time zone to another. These are normal variations, to be taken into account when seeking the abnormal variations that cause disease.

TWO TYPES OF CHI

There are two basic types of Chi in the body. One is called "original" Chi, which presumably is present from conception. It is the determining factor in whether one inherently has a strong, robust constitution or tends to be weak and frail. The other type is known as "nourishment" Chi. It seems to be related to energy production from food, oxygen, activity, and rest. The level and balance of Chi can, therefore, be affected by these factors. However, in diagnosis and treatment, no distinction is made between the two types of Chi -- original and nourishment.

PROOF OF CHI

Attempts by scientists to isolate and identify Chi have been inconclusive and only partially successful, at best.

Professor Kim Bong-Han of Korea claims to have demonstrated its existence with movement of radioactive isotopes along the course of the meridian, but other

researchers have been unable to duplicate his study. Reports from Russia indicate that Kirlian photography has revealed manifestations that could be the energy along the meridians and at acupoints. Many electronic devices are used today in the practice of acupuncture to help determine levels of Chi and areas of imbalance. However, it is the electrical effects of Chi that are being discerned in these tests . . . not the Chi itself. No direct scientific evidence is yet available to prove the existence of Chi, although the absence of evidence need not be a deterrent to the practice of meridian therapy. Simply accept the premise that “something” (Chi) is present in the living body and absent in the dead body; that a balance of Chi in the meridians results in health; and an imbalance results in sickness.

WHAT IS THE MERIDIAN SYSTEM?

Every physician is familiar with the nervous system, alimentary system, vascular system, respiratory system, endocrine system, etc. But most Western physicians have only recently, as a result of publicity about acupuncture anesthesia, become aware of the meridian system known to the Chinese since before the beginning of recorded history.

Some researchers believe the meridians follow the neural pathways of embryological unfoldment within the body. The authors' theory is that the meridian system is physiological rather than anatomical; that its perimeters are functional

rather than physical; and that it is intimately related both anatomically and physiologically to homeostasis, which functions through the human body's staggeringly complex feedback system.

UNSOLVED MYSTERIES

Not too long ago, maps of the world showed Africa as the "dark continent." It was largely unknown and unexplored. Only a few short months ago a tribe of people considered to be "prehistoric" was discovered only a few miles away from the capital city in the Philippines. Head-hunters are still to be found in parts of South America, and some of the country along the 4000-mile length of the Amazon river remains an inaccessible mystery even with today's sophisticated modes of transportation.

Similar mysteries remain today in our studies of the human body. Modern science has made tremendous discoveries and progress, yet the unknown and uncharted areas of the brain and its functions far exceed the areas of which we have knowledge. Now the proven effects of acupuncture anesthesia have brought us face-to-face with the challenge of exploring the theoretical yet undeniably existent meridian system.

MERIDIAN SYSTEM . . . A DILEMMA

Today science is faced with essentially the same dilemma with the meridian system that they faced with the planet Pluto during the early 1900's. As you recall, in 1905 an American astronomer, Percival

Lowell, hypothesized the existence of this new planet by studying its effects on another planet, Uranus. But the presence of Pluto was hard to prove because its light was very faint, and some of the world's foremost scientists continued to discount Lowell's discovery until Pluto was actually seen in 1930 with a telescope especially built for that purpose. Today there are many doctors who, because they have not yet seen the meridian system and cannot demonstrably weigh or measure it, refuse to accept the evidence of its effects. Perhaps the future will provide us with the requisite instruments to ascertain the perimeters and functions of the meridian system and satisfy the skeptics. It is interesting to note that the same Chinese manuscript, circa 2697 B.C., which first documented meridian therapy in detail also mentions at least nine planets, although Neptune was not discovered by the Western world until 1846, and Pluto until 1930! One must wonder where the ancients gained their knowledge.

DISCOVERY OF MERIDIAN SYSTEM

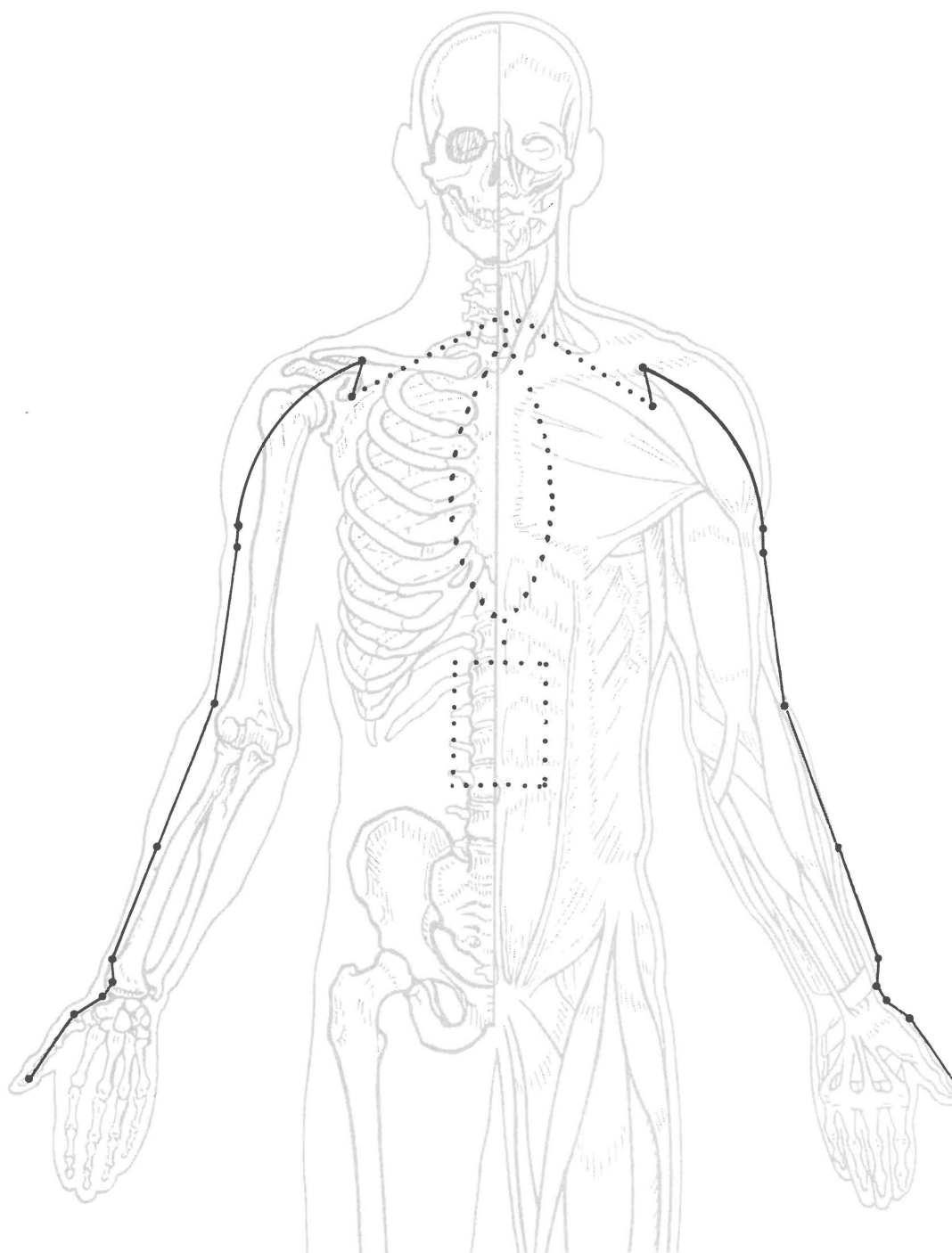
As yet, no historical evidence has been found to tell us who first discovered the meridian system, or how it was done. But at some time before the dawn of history, men whose names we do not know discovered that there is a two-way communication between internal organs and functions and certain areas of the skin which we call acupoints. They learned that a malfunction or disease process anywhere in the human body has a reflex effect at

one or more of these acupoints. They discovered that these diseases and dysfunctions could frequently be reversed by the correct and precise stimulation of the appropriate acupoints. They also discovered that certain acupoints have a specific rapport or connection with each other. The acupoints exhibiting this specific affiliation with each other are linked together and are called "chings" in Chinese, "meridians" in English.

"CHINGS"

On acupuncture charts, these meridians appear as thin surface lines connecting a series of dots that represent the acupoints. However, the true anatomical extent of the meridians cannot be shown with lines on a two-dimensional drawing. The lines simply indicate the general course of the meridian and show which acupoints go together to form a particular meridian. According to Chinese philosophy, each meridian is somehow connected to all the tissues, structures, and functions on which its acupoints exert an influence or produce an effect. This includes areas immediately adjacent to the points as well as areas that are remotely located, both internal and external.

For example, the zone called the Lung meridian extends from below the clavicles over the front of the shoulders and down the outer surface of the arms to the tips of the thumbs, as shown on standard meridian charts. The Lung meridian also extends internally in a zone from the level



**External and Internal Zones
of the Lung Meridian**

of the larynx through the lungs to the transverse colon, as indicated on the drawing on page 43.

As would be expected, the Lung meridian controls the lungs and respiratory functions. The Chinese concept is that skin, body hair, voice, and even certain mental disorders also come under the influence of the Lung meridian. For example, the pores of the skin perform an important respiratory function; the trachea and larynx are part of the respiratory system; claustrophobia and certain other types of fear and anguish are considered mental counterparts of physical air hunger. As you can see, treatment of the Lung meridian can have far-reaching effects.

TWELVE MAJOR MERIDIANS

In meridian therapy, the body is divided into 12 major zones or meridians, each with a right and left half but continuing unbroken through the body. Every function and part of the body is controlled by one or more of the main meridians. Ten of these are named for and primarily associated with organs and their functions. They are: Lung, Large Intestine, Stomach, Spleen, Heart, Small Intestine, Bladder, Kidney, Gallbladder, and Liver. The other two, Tri-Heater and Heart Constrictor, are primarily associated with functions rather than organs.

The Tri-Heater meridian is a functional concept associated with the utilization and transfer of energy. The Upper Heater, or general chest area, brings about energy

utilization through the exchange of gases in the lung. The Middle Heater, or abdominal area, brings about the utilization of energy through the digestive processes. The Lower Heater is primarily concerned with the genito-urinary function.

The Heart Constrictor is also a functional concept. The Chinese characters for the Heart Constrictor meridian are literally translated as "envelope of the heart." The functions of the Heart Constrictor meridian are protection and control of heart action, circulation, mental and reproductive processes.

MIDLINE MERIDIANS

In addition to the 12 major bilateral meridians, there are two unilateral meridians that vertically encircle the midline of the body, front and back. The meridian on the front of the body is called the Vessel of Conception and extends from the center of the perineum to a point on the chin below the lower lip. The meridian on the back is called the Governing Vessel and extends from the point of the coccyx up the back, across the head and face to a point on the upper gum just below the insertion of the frenulum of the upper lip.

These two meridians do not have a special rapport with any one organ or function. According to the classical Chinese concept, they act as reservoirs to unite, store, and control Chi: the Conception Vessel for Yin meridians; the Governing Vessel for Yang

meridians. They are considered “commanders” which are involved in making all the other meridians work together.

EXTRA MERIDIANS

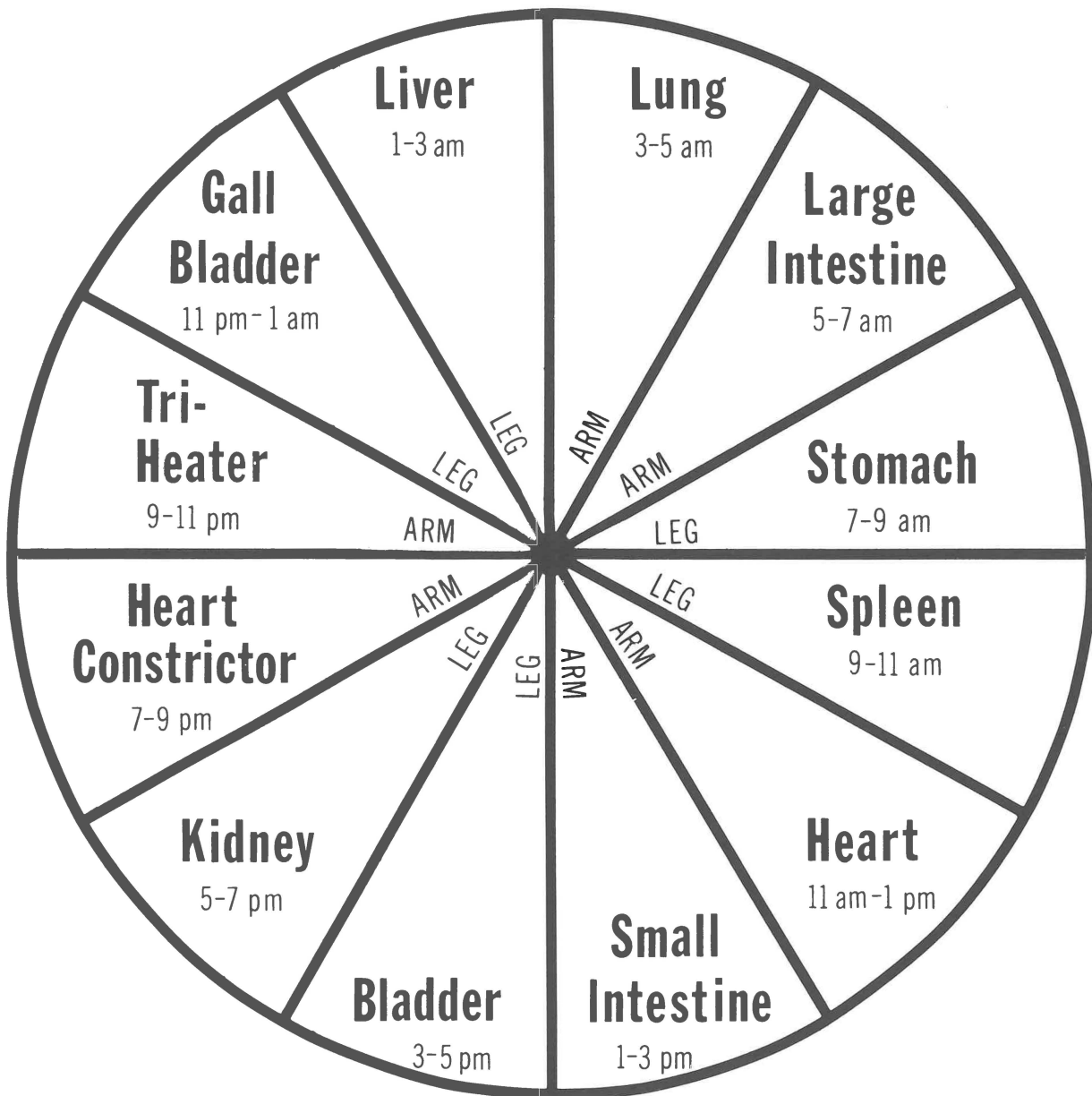
There are also six extra meridians that cross the trunk of the body horizontally. They are: Ch’ung Mai (Penetrating Vessel), Tai Mai (Waist Vessel), Yang Wei Mai (Yang Linking Vessel), Yin Wei Mai (Yin Linking Vessel), Yang Ch’iao Mai (Yang Ankle Vessel), Yin Ch’iao Mai (Yin Ankle Vessel). These meridians have no acupoints of their own, but are reservoir channels connecting major meridians. The meridian network is further complicated by conjunctive vessels of a special nature that connect meridians at special points. The extra meridians and conjunctive vessels are controlled through acupoints on the 12 main meridians and the Vessel of Conception and Governing Vessel.

The acupoints are the surface reflex areas through which the condition of related and interrelated parts and functions is determined and corrected.

GENERAL CIRCULATION OF ENERGY

Chi is said to flow through the 12 main meridians in a constant but undulating pattern of daily circulation, always in the same direction. This biorhythmic pattern forms a horary cycle or “biological clock.” During each 24-hour period, each meridian in turn undergoes a two-hour energy peak, beginning with the Lung meridian at 3 a.m. At the same time, the meridian on the opposite side of the clock is at its lowest

Chart of General Circulation of Energy



energy point. (p. 47) Those familiar with circadian rhythm of the body can appreciate this ancient concept devised by the Chinese to explain what they observed.

Since at present we have no means of checking, we can't be sure whether this "circulation" of Chi is actually movement of a substance, a pressure or intensity wave, or changes in strength in a magnetic force field. But the effects of this energy fluctuation and the high and low energy periods are easily ascertained by periodic pulse diagnosis, which is explained later in this book.

When normal, the relative pressures of the meridian pulses should be equal except for the increases in strength that result from the horary wave and the intermittent functioning of Yang viscera, such as increased digestive function following a meal. All other pressure imbalances are considered abnormal and result from external or internal stresses.

Stress causes reactive pressure increases in the Chi levels of various meridians similar to the physiological effects of Yang organ activity. If relatively small, these pressure increases can be absorbed by the "reservoir" meridians. But if the pressure increase is excessive, imbalances occur in the main meridians. This disturbs body homeostasis, resulting in functional, pathological or psychological disease.

Whether the imbalance is one of quantity, quality, or intensity is still unknown. However, the practice of meridian therapy is based on accepting the premise that an imbalance of Chi within or between meridians results in sickness. Restoring proper balance restores health.

CHAPTER IV

THE ENERGETICS OF ACUPUNCTURE

HOMEOSTATIC MECHANISM

As we have stated, one of the premises advanced by the authors is that acupuncture is best explained on the basis of the innate homeostatic mechanism of the body. When properly functioning, this mechanism is capable of coping with all but the most extreme environmental stresses, and can keep the body relatively stable and healthy. This homeostatic mechanism is controlled through the nervous system via an incredibly complex series of feedback processes. Sometimes these processes simply fail to function normally, for reasons yet unknown, or they are overwhelmed by excessive stress. When the homeostatic mechanism cannot cope with environmental stresses, the body becomes diseased.

ACTIVATION OF ACUPOINTS

Concomitant with a malfunction of the homeostatic mechanism is the “activation” of one or more acupoints. The affected acupoints become tender to pressure, or even spontaneously painful. This acupoint sensitivity is often diagnostic for specific homeostatic malfunction, and the acupuncturists of long ago observed that tenderness at certain acupoints was consistent in specific disease conditions. They also learned long ago that treating the tender acupoints by stimulation often “cured” the patient. They explained it by Chinese philosophy. We explain it as a restoration, via feedback, of the proper functioning of the homeostatic mechanism.

This simple yet effective concept of disease

and its cure is complicated by the fact that a breakdown in any one of the feedback processes often produces a chain reaction breakdown in another, particularly in chronic conditions. For example, high blood pressure can cause kidney disease, and vice versa.

PRIMARY AND SECONDARY EFFECTS

The first acupoints to become tender are considered primary effects of homeostatic malfunction, and should be treated first. Treatment of the secondary chain reaction acupoints or effects without treating the primary acupoints will not correct the primary malfunction, and results will be incomplete, transient, or temporary. Treating the primary acupoints, on the other hand, will frequently eliminate the need to treat the secondary acupoints.

However, it is sometimes difficult to determine which are primary and which are secondary effects, because each consecutive feedback dysfunction is superimposed on the original dysfunction, ad infinitum. As a result, by the time the patient gets to your office he may have not just one tender acupoint, but dozens or even hundreds. To help solve the problem of determining how to treat when it is not known which tender acupoints are primary and which are secondary, the ancient Chinese developed a complicated, empirical philosophy of acupuncture energetics which they called the rules or laws of acupuncture.

SYMBOLS AND ANALOGIES

As is the case with all early acupuncture instruction, the rules for applying acupuncture were couched in the poetic phraseology and philosophy of the times. The reason for this is easily understood when you remember that for many centuries knowledge of acupuncture was handed down from generation to generation through memorization alone. Using poetry, symbolism, and analogies made remembering easier, much in the same way it is easier for us to remember the number of days in a given month by reciting the verse that begins "Thirty days hath September . . ."

We must be aware, in studying acupuncture, that in ancient times, as today, symbolism and analogies were not meant to be taken literally. They serve admirably to illustrate and clarify, but they are never exact parallels or corollaries. The Western-trained physician is perhaps well advised, at this point, simply to memorize as much of the Laws of Acupuncture as he needs for practical use, rather than attempting to fathom the rationale behind their symbolism.

The authors have, in 20 years in practice, had occasion to utilize virtually every form of stimulation in the realm of physical therapy. These include manipulation, electro-therapy, acupuncture, acupressure, exercise, massage, Japanese Shiatsu, ultrasound, sine-wave, diathermy, pulsed diathermy, traction, intermittent traction,

vibration, sound therapy, heat and cold therapies, etc.

THE LAWS OF ACUPUNCTURE

As a result of our comparative study of acupuncture with other forms of physical therapy, begun some 10 years ago, we reached the conclusion that all forms of physical therapy have two common denominators or phenomena which interact to govern the effects of stimulation. These common denominators are explained in premises we have set forth in this book as the Heuser-Pennell Law of Deficiency and the Heuser-Pennell Law of Stimulation.

Authors of treatises on acupuncture have designated certain interrelated effects and methods of treatment as the rules or laws of acupuncture. However, since the Law of Deficiency and the Law of Stimulation **always** take precedence in determining the consequences of treatment, we have chosen to call these subordinate reactions “effects” rather than “laws.”

These effects are:

1. The Horary Effect (in the General Circulation of Energy)
2. The Midday-Midnight Effect
3. The Mother-Child Effect
4. The Five Elements Effect (Sheng and Ko Cycles)
5. The Luo Point Effect
6. The Tonification or Sedation Effect
7. The Local Effect
8. The Remote Effect
9. The Contralateral Effect
10. The Intersection Effect

These laws and effects are explained in the ensuing pages. In treating to achieve any of the above effects, **always remember that they are subordinate to the Law of Deficiency and the Law of Stimulation.**

THE LAW OF DEFICIENCY

The Law of Deficiency in acupuncture is based on the fact that the body responds homeostatically to stimulation. That is, the body has a natural tendency to use any stimulus in its most beneficial aspect.

Priority of effect

Stimulation of an acupoint can result in one or more of the effects, or responses, listed on page 54. Which of these responses is given priority depends on the relative extent of the deficiency needs which can be met within the physiological capacity of the applied stimulus. If there is no need, the inclination is for no effect to take place. This process of selective priorities of effect is called the Law of Deficiency.

The Law of Deficiency applies to any form of stimulation, whether internal or external, and whether chemical, physical, mental, or emotional. However, the factors involved in the Law of Stimulation also apply, and may in some instances supersede the Law of Deficiency.

Overload

If a stimulus is of an exceptionally long duration or extreme intensity, or if it comes at a time of low resistance, it produces a shock that overloads to some degree the body's homeostatic mechanism.

Since the meridian system is itself a part of the homeostatic mechanism, this can cause a disequilibrium of Chi within or between meridians, resulting in symptoms called the “acushock syndrome,” which is explained more fully later in this chapter.

THE LAW OF STIMULATION

The Law of Stimulation (in regard to acupuncture) concerns the tropism of the body . . . its innate tendency to react in a definite manner to stimuli.

The manner in which the body tends to react to any stimulus, either beneficial or harmful, is by going through a three-phase cycle of tonification, sedation, and anesthesia.

Definitions

Tonification is the act or process of giving tone to; invigoration; strengthening. Sedation is the act or process of calming, moderating, or tranquilizing. Anesthesia is a temporary partial or total loss of awareness through any of the five senses; decreased ability to respond normally to stimuli.

Illustration

As an illustration of this law, consider that for a short period of time after you jump into a pool of cold water, you feel refreshed and invigorated (tonification). If you stay in the cold water for a longer period you begin to feel dull and numb (sedation). If the water is cold enough and you stay in it long enough, the numbness deepens and becomes deadening (anesthesia). A similar reaction occurs as a result of most forms of

stimulation. A small amount of alcohol acts as a tonic; a larger amount is tranquilizing; drink too much and you pass out. A short scratch where it itches evokes a pleasant tingling; continued scratching causes a dull sensation, then later comes numbness. No matter how interesting a speaker is, he can take you through enthusiasm to disinterest to sleep, if he keeps speaking long enough. The same principle applies to noise, heat, massage, vacations, sex, food . . . any sustained stimulation.

Forms of stimuli

The Law of Stimulation also applies to any form of stimulus used for meridian therapy. In a treatise published in Japan in 1961, Mituhiro Y. Hasegawa, I.Ph.B.A.U., Institute of Medicine, states that in meridian therapy there are approximately 100 methods of stimulation other than needles. Acupressure, moxibustion, electrotherapy, ultra-sound, diathermy, massage, and vacuum therapy are among the most commonly used methods of treatment.

Cycle of stimulation

Sustained stimulation of an acupoint can cause the effect of tonification, sedation, and anesthesia, in compliance with the Law of Stimulation, not only in the acupoint itself but in the meridian as a whole, plus the organs, tissues, and functions affiliated with the meridian.

Illustrated graphically, a hypothetical 20 minute cycle might look like this:

Tonification 5 minutes	Sedation 5 minutes	Anesthesia 10 minutes
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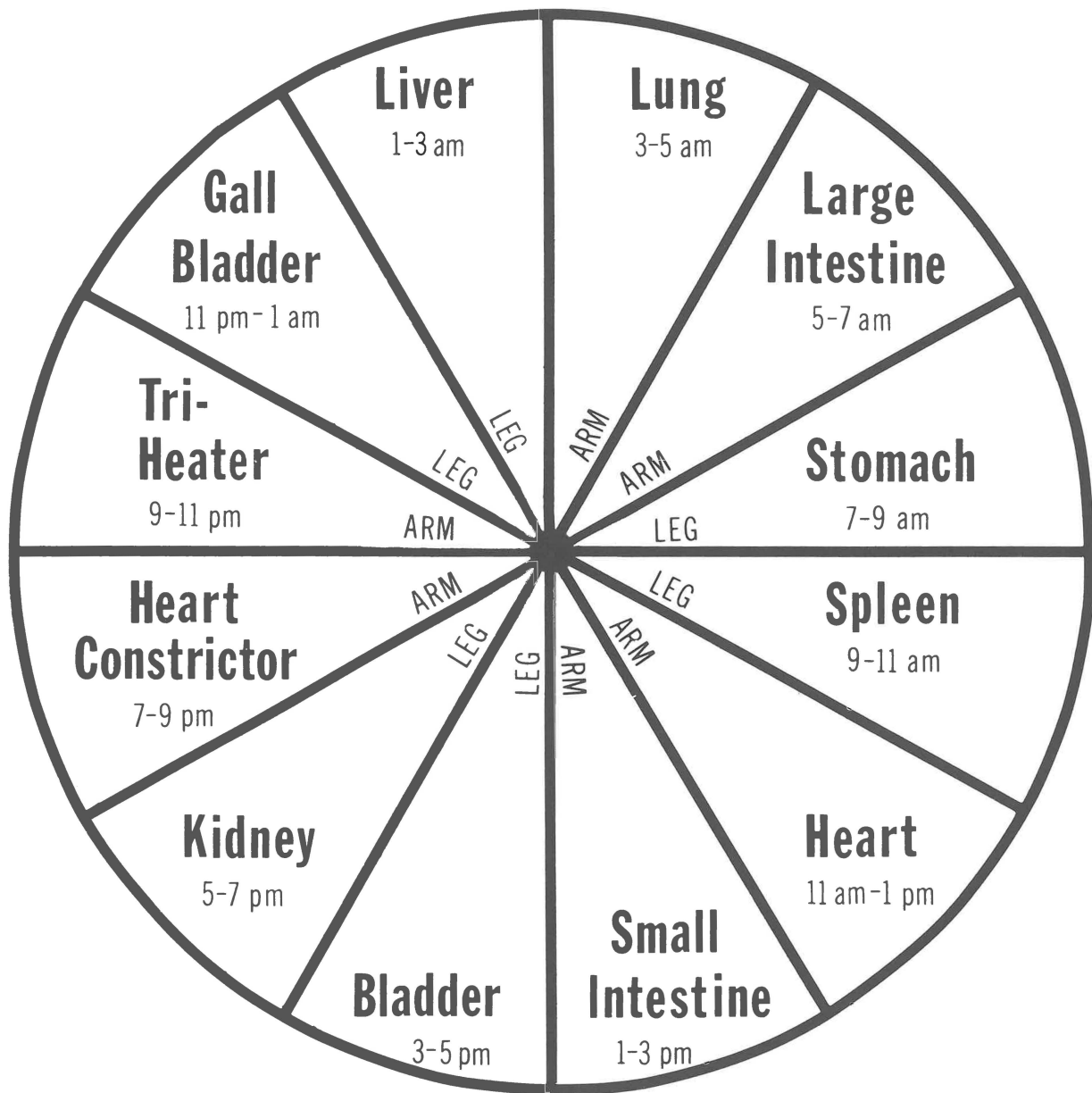
Variations

Variations may occur within the cycle, depending on a number of interacting factors: thresholds, predisposition, oscillation, accommodation (acu-exhaustion), duration, intensity, and acushock, all of which will be explained.

THE HORARY EFFECT

Starting with the Lung meridian at 3 a.m., each of the meridians consecutively undergoes a two-hour period of maximum energization. This is called its "horary period" and is shown on the chart on page 59, called the Chart of the General Circulation of Energy. The term "general circulation" is used to denote the circadian rhythm of the consecutive increase and decrease in energization of the meridians. That this increased energization does occur can be verified even by a beginner in acupuncture by simply taking someone's pulse (using the Oriental method) once each hour during the day and night. You will quickly see that at the time each meridian is scheduled to receive its daily tonification according to the horary cycle,

Chart of General Circulation of Energy



the pulse for that meridian alters in character and strength. It becomes stronger, more vibrant, and more stable during its horary energization period.

Increased Chi level

The Horary Effect is characterized by a surging increase in the Chi level of a meridian during its horary period. This increased Chi level gradually diminishes during the next 12 hours of the horary cycle, reaches its lowest ebb, then gradually builds to another peak during its next horary period. No one can say where this energy comes from, but it appears to be affiliated with the tides and geographical location. If we move a patient suddenly from one time zone to another, it takes a relatively short period of time for the horary cycle to adjust to the new time zone, but it does adjust. When we move from east to west, or from west to east, the biological clock (horary cycle) must either “speed up” or “back up” to adjust to the change of geographical time zone. When we move north or south, no adjustment of the biological clock is needed. Perhaps this is an explanation of what we call “jet lag” or “jet fatigue.”

Enhanced effect

If you tonify the Horary points (Wood points on Wood meridians, Metal points on Metal meridians, etc.) during the meridian's horary period, you take advantage of the natural tendency toward energization at that time, and enhance the tonification effect.

THE MIDDAY-MIDNIGHT EFFECT

Each meridian has a meridian directly opposite it on the chart of the General Circulation of Energy -- 12 hours away on the clock. This is the Midday-Midnight relationship. You will note that each Yang meridian has as its opposite a Yin meridian. Maximum energy time for each Yang meridian coincides with the minimum energy time for its opposite Yin meridian and vice versa.

Opposite effect

A mild stimulus applied for tonification or sedation of a meridian primarily affects only the meridian being treated. A more intense stimulation will affect not only the meridian being treated but will have the opposite effect on its opposite meridian in the Midday-Midnight relationship. The nearer the meridians are to their maximum and minimum energy levels on the horary cycle, the more detectable the effects will be.

Horary point

Some practitioners take advantage of this Midday-Midnight Effect by treating the meridians during their horary periods. If this is done, the Horary point is preferred, as it becomes the most responsive point on the meridian at that time.

Diagnostic

Knowledge of these Midday-Midnight effects can also be helpful in making your acupuncture diagnosis. Many people experience headaches which come on at specific times of the day or night. Headaches which begin between 5 a.m. and 7 a.m. will usually reveal an excess in the

Large Intestine meridian or a deficiency in its Midnight counterpart, the Kidney meridian. Similarly, an improvement in symptoms noted at specific times of day may be a guide to meridian diagnosis. If known, the time of the original onset of a disease or condition will suggest the primary meridian imbalance.

THE MOTHER-CHILD EFFECT

On the chart of the General Circulation of Energy (page 59), the “mother” of a meridian is the one immediately preceding it in the cycle, its “child” is the one immediately following it, in a clockwise direction.

Concept

The Mother-Child effect is based on the concept that a mother cannot nourish her child unless she herself is nourished, and a child cannot nurse if it is already replete. This analogy applies to meridian therapy when two meridians which adjoin on the Circulation of Energy chart (e.g., Large Intestine and Stomach) both are either deficient or in excess. A deficiency in the Stomach (child) meridian may be the result of the deficiency in the Large Intestine (mother) meridian, and can be corrected by tonifying or transferring energy to the mother (Large Intestine), which is then able to supply the child (Stomach). An excess in the Large Intestine (mother) meridian may be due to an excess in the Stomach (child) meridian. Sedating or transferring energy from the child (Stomach) would enable it then to take the excess from the mother (Large Intestine).

Apparent contradiction

The Mother-Child effect also applies to the Five Elements chart, page 66. Although the two charts sometimes appear to be contradictory, they are in reality complementary. Using the same example, for instance, the Large Intestine meridian is the child of the Stomach meridian on the Five Elements chart (a physiological relationship); the Large Intestine meridian is the mother of the Stomach meridian on the General Circulation of Energy chart (an anatomical relationship).

This seeming contradiction is resolved when we remember that the effects of stimulation according to the Five Elements chart is an indirect reflex physiological interaction which alters the Chi levels between the meridians, while stimulation according to the General Circulation of Energy chart affects the Chi levels directly through direct anatomical connection of the meridians involved.

Cycle of energy circulation

This may be more easily understood when you view the circulation of energy through the meridians according to the Oriental concept of how the meridians connect to each other: the last acupoint on the Large Intestine meridian and the first acupoint on the Stomach meridian are located on the face; the last acupoint on the Stomach meridian and the first acupoint on the spleen meridian are on the foot; the last acupoint on the Spleen meridian and the first acupoint on the Heart meridian are under the arm; and so it goes, back to the

last acupoint on the Lung meridian and the first acupoint on the Large Intestine meridian, which are on the hand. According to Oriental philosophy, energy moves from one meridian to the next via supplementary vessels which connect the points of exit and the points of entry, most of which are the last and first points on the meridian. (See chart on page 65.)

Direct vs. indirect action

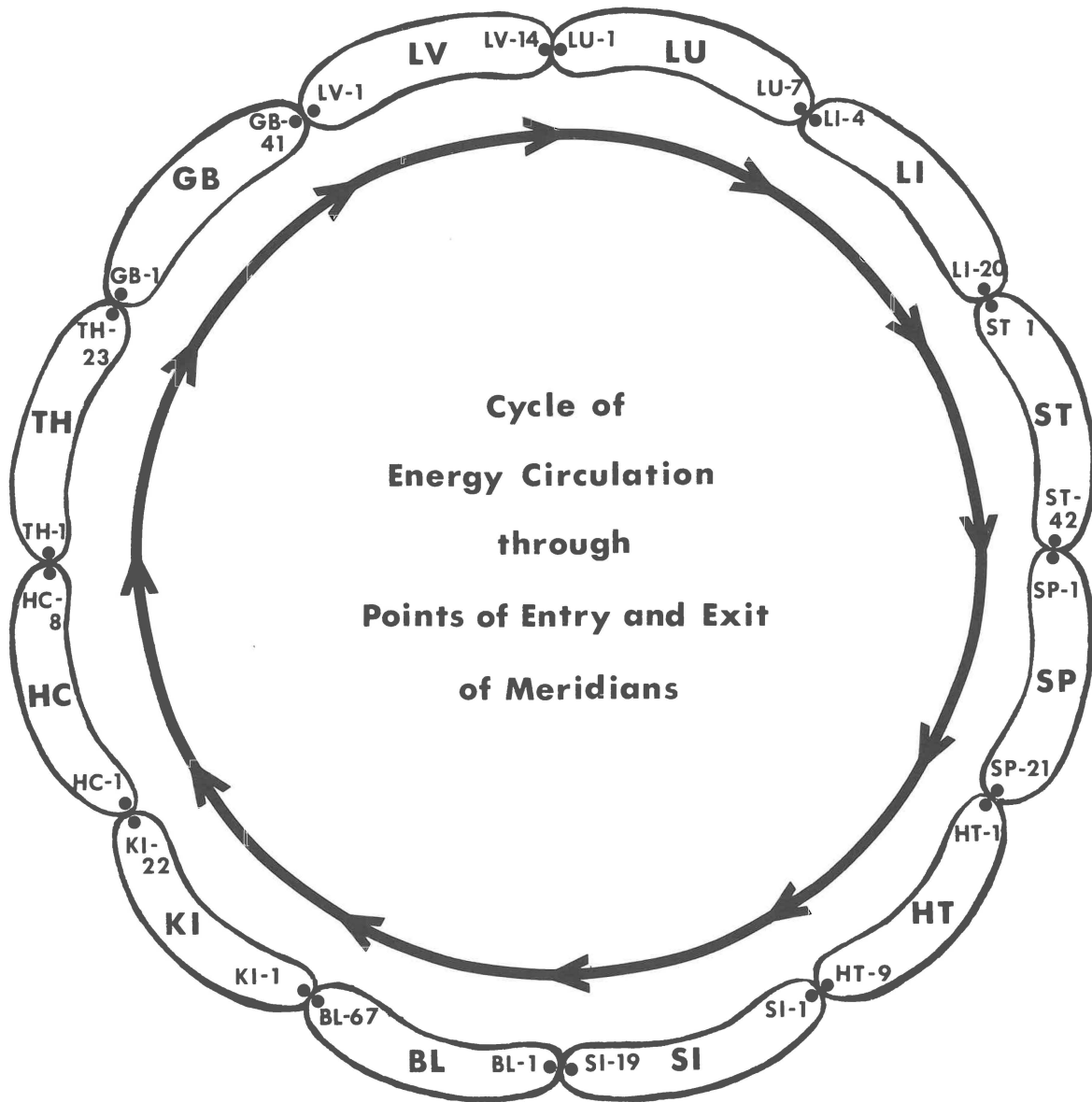
The difference in treatment is one of direct action versus indirect action. For instance, the Mother-Child effect can be obtained in the General Circulation of Energy by tonifying or sedating any of the acupoints along the meridian, although some points will be more effective than others. But to obtain the Mother-Child effect via the Five Elements chart, specific points must be selected in order to affect the proper meridian by an indirect action.

THE FIVE ELEMENTS EFFECT

The **Nei Ching** states: "The five elements . . . wood, fire, earth, metal, water . . . encompass all the phenomena of nature. It is a symbolism that applies itself equally to man."

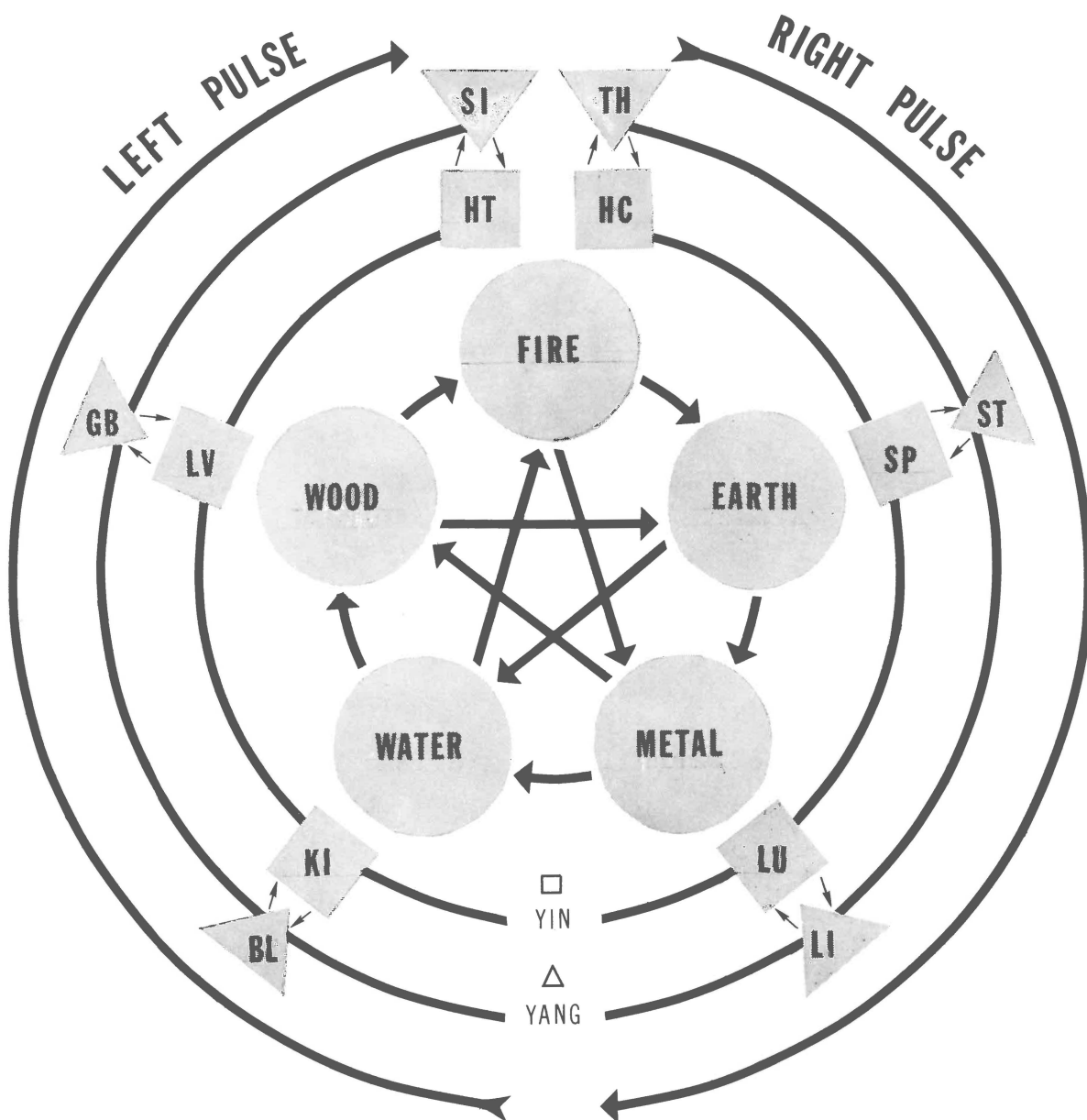
Classification

In addition to the concept of Yin and Yang, Chinese philosophy further classifies everything in the universe as belonging to one of the five elements. This classification is not made according to physical properties, such as our customary division of matter into animal, vegetable, or mineral, but is conceptual in nature and applies to colors, sensations, emotions, qualities,



GENERAL CIRCULATION OF ENERGY

FIVE ELEMENTS CHART



Sheng, Ko, Luo Cycles

odors, directions and such, as well as to man and matter. For instance, anything that is predominantly fluid or liquid in nature is said to have the propensity of water. Anything that is predominantly hard and brittle is said to have the propensity of metal. Anything that is predominantly warm or hot is said to have the propensity of fire. But just as Yin and Yang are both always present in all things, although one is dominant, so are propensities of all elements present in all things, to some degree.

Assignment

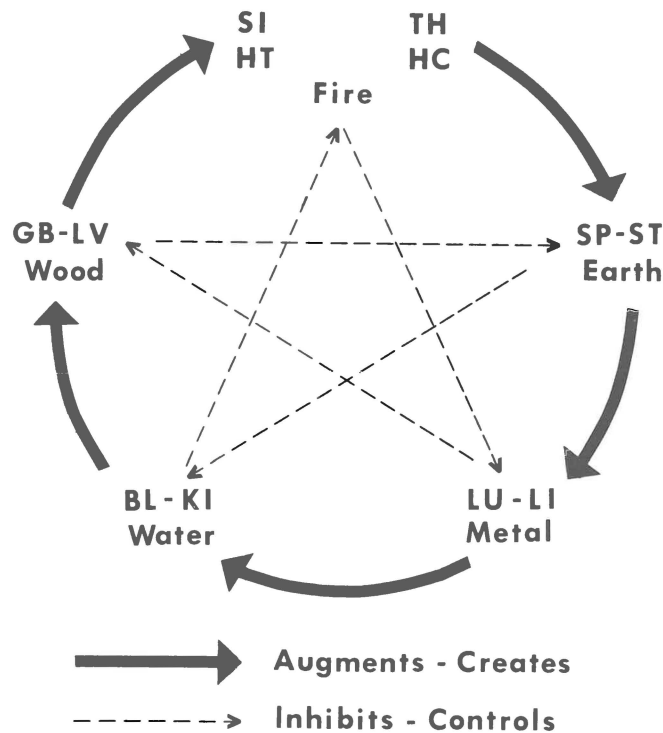
In the assignment of the meridians to the Five Elements, some of the relationships are obvious, such as assigning the Kidney and Bladder meridians to the element of Water or the Heart meridian to the element of Fire (heart action affects circulation to produce warmth in the body), but others are less apparent.

However, in using the Five Elements Theory in acupuncture diagnosis and treatment, these classifications and their relationships are essential knowledge. The classification of the meridians by element is shown on the chart on page 66, and a list is on page 69.

Chart of Augmentation and Inhibition

Meridian-Element	Augments-Creates	Inhibits-Controls	Is augmented by	Is controlled by
Liver-Gallbladder (Wood)	HT-SI HC-TH (Fire)	SP-ST (Earth)	KI-BL (Water)	LU-LI (Metal)
Heart-Small Intes- tine-Heart Constrictor-Tri-Heater (Fire)	SP-ST (Earth)	LU-LI (Metal)	LV-GB (Wood)	KI-BL (Water)
Spleen-Stomach (Earth)	LU-LI (Metal)	KI-BL (Water)	HT-SI (Fire)	LV-GB (Wood)
Lung-Large Intestine (Metal)	KI-BL (Water)	LV-GB (Wood)	SP-ST (Earth)	HT-SI (Fire)
Kidney-Bladder (Water)	LV-GB (Wood)	HT-SI HC-TH (Fire)	LU-LI (Metal)	SP-ST (Earth)

Cycle of Augmentation and Inhibition



ELEMENT

MERIDIAN

	Yin	Yang
Wood	Liver	Gallbladder
Fire	Heart	Small Intestine
	Heart-Constrictor	Tri-Heater
Earth	Spleen	Stomach
Metal	Lung	Large Intestine
Water	Kidney	Bladder

The basic relationships of the physiological actions of the organs and functions related to the Five Elements are illustrated by a cycle of augmentation and inhibition, as shown in the chart on page 68.

**CYCLE OF
AUGMENTATION**

As a mother produces and nourishes (engenders) a child, so wood engenders (produces and nourishes) fire (by burning), fire engenders earth (by leaving ashes), earth engenders metal (by transmutating the ashes), metal engenders water (by melting), water engenders wood (by irrigating).

**CYCLE OF
INHIBITION**

As a master dominates a servant, so wood subjugates earth (by growing to cover it), earth subjugates water (by damming it), water subjugates fire (by quenching it), fire subjugates metal (by melting it), metal subjugates wood (by cutting it). This means that each of the Five Elements has an “energetic” (acupuncture physiologic) relationship with the other four. These relationships are:

Earth is mother of metal, master of water, servant of wood, child of fire.
Metal is mother of water, master of wood, servant of fire, child of earth.
Water is mother of wood, master of fire, servant of earth, child of metal.
Wood is mother of fire, master of earth, servant of metal, child of water.
Fire is mother of earth, master of metal, servant of water, child of wood.

Practical use of theory

The method of using these relationships in treatment is outlined in the section on treatment. For a simple example of the value of using the Five Elements Theory in practice, consider a case of polyuria, keeping in mind that treatment via the Five Elements theory is based upon determining whether the problem is: (a) one of excess; (b) one of deficiency, or (c) one of control. That is, the imbalance of Chi may be in the meridian directly involved in the symptoms, or it may be in the controlling meridian -- the "Master." Polyuria, for instance, could indicate either an excess of the Water element or a deficiency of the Earth element in the Kidney meridian. Excess Water would create excess urine; a deficiency of Earth, failing to control the Water, could also result in excess urine. Another possibility could be a deficiency of Chi in the Spleen meridian, resulting in diminished control of the Kidney meridian. The latter would be especially suspect in a case of enuresis.

This reasoning can be applied to many symptoms and conditions, and the reasoning then related to the theory that each meridian augments and is augmented, controls and is controlled by one of the others.

**When to use the
Five Elements Effect**

There are three primary indications of a need to utilize the Five Elements Effect: (1) When the patient's symptoms have the propensities of two or more of the elements; e.g., inflammation of the bladder -- Fire element in Water meridian; (2) When the patient's symptoms include physiological relationships between two or more organs or functions; e.g., heart and kidney problems; (3) When the patient's symptoms point to too much or too little control of one organ or element over another; e.g., enuresis.

Learning the interrelationships of the meridians and physiological functions as set forth in the Five Elements Theory gives you a valuable guide to a quick and accurate diagnosis, as well as to proper method of treatment according to the Sheng and Ko cycles (Chapter VIII).

**THE LUO
POINT EFFECT**

Stimulating the Luo point on a meridian can (subject to the Law of Deficiency) open the channel to equalize energy between that meridian and its coupled meridian, its bilateral counterpart, or its Midday-Midnight opposite.

**THE TONIFICATION
OR SEDATION EFFECT**

The tonification or sedation effect will follow the cycle of the Law of Stimulation, provided it is in harmony with the Law of Deficiency. Tonification is an increase or excitation of energy in a meridian; sedation is a decrease or calming of energy.

THE LOCAL EFFECT

The local effect resulting from stimulation is the alteration in the acupoint itself and its local area of control.

THE REMOTE EFFECT

The remote effect resulting from stimulation of an acupoint is the alteration that radiates or reflexes to another acupoint or a remote area.

**THE
CONTRALATERAL EFFECT**

Sperensky first described the contralateral effect of stimulation in reporting an experiment in which croton oil was applied as an irritant to the foot of a dog. This stimulation caused degeneration in the opposite paw. Today, neurologists explain this effect by noting that an impulse may travel over the afferent neuron, reach the spinal cord, traverse an intercalated or internuncial neuron over to the opposite side of the cord, and leave by the same segment of the cord on an efferent neuron. This is called contralateral or crossed reflex, arc.

The acupuncturist knew of this relationship 4500 years ago. He explained it by pointing out that the bilateral meridians are located upon each side of the body and are connected through their associated

organs; for instance, the two halves of the Lung meridian are connected through the lungs. The two halves of the Heart meridian are connected through the heart. Acupuncturists noted that a stimulus which affected one side had a similar effect on the other. It is for this reason that most modern acupuncturists treat bilateral meridians on both sides, bilaterally. Experience shows that treating only the affected side produces only about a 60% response. Treating only the contralateral side produces about a 30% response. Treating both sides produces the highest percentage of response.

This information is especially valuable in treatment by acupressure and acupuncture, because the acupoint on the affected side may be too tender to be treated. In most such cases, treating the opposite side, the non-tender side, will either correct the problem without discomfort or pain to the patient, or tenderness on the affected side will be alleviated so that the patient is able to tolerate direct treatment.

THE INTERSECTION EFFECT

Acupuncturists have discovered through experience that a stimulus applied at certain acupoints has an effect not only on that acupoint's meridian, but also on one or more other meridians. These multiple-effect acupoints have been called Crossing points, Reunion points, or Intersection points. Their positions are such that they act as either direct or reflex connections

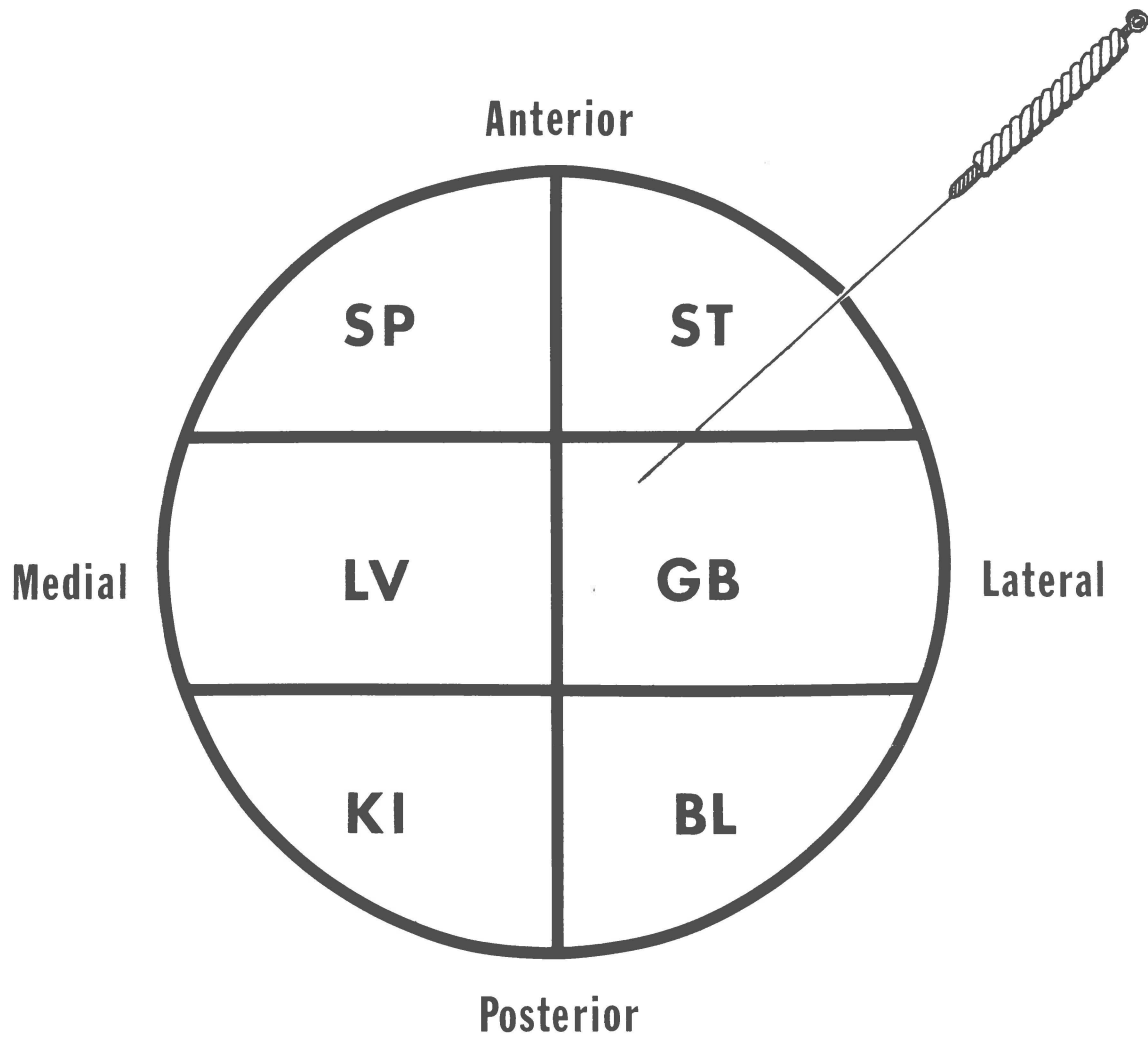
between the various meridians, and treatment will affect all the intersecting meridians. The effect is subject, of course, to the Law of Deficiency. Neglecting to take the intersecting effect into consideration is one of the reasons many beginning practitioners observe unanticipated results when these points are used.

None of the Intersection points are Points of Command, so they are not used for transferring energy according to the Five Elements theory.

We have correlated several lists of the Intersection points into a cross-reference chart, page 142. This chart may be used to select one point or pair of points to treat two or more meridians with one stimulus. For example, if the Spleen, Kidney, and Liver meridians are involved, either SP-6 or SP-13 may be stimulated bilaterally.

NOTE: Sometimes a dual effect is achieved when stimulating non-intersection points, particularly if a needle is inserted deeply enough to reach an acupoint on another meridian, or a strong stimulus is used where meridians are close together. When this occurs, the patient may experience an additional radiation syndrome.

(See drawing, page 75.)



Cross section of leg, showing how
two meridians may be stimulated
with a single insertion.

THE ACUSHOCK SYNDROME

The acushock syndrome is a series of abnormal symptomatic responses associated with any imbalance, contamination, or aberration of Chi within or between meridians caused by prolonged duration or high intensity of stimulation. These responses may include increased tenderness of acupoints, tenderness along meridians, pulse changes, and the physical, mental, and emotional anomalies associated with the afflicted meridians.

Acushock is a result of very intense or noxious stimuli which overload one or more of the body's homeostatic mechanisms, in much the same way a blown circuit breaker is the result of an overload of electrical current, or an abnormal input of signal into a radio can cause static or other extraneous noise to interfere with clear fidelity of the output.

In addition to trauma and toxicity, the Orientals consider wind, moisture, cold, heat, noise, etc., as noxious stimuli. They also recognize that emotion such as worry, anger, and fear can upset the meridian balance.

THRESHOLDS

The body has built-in thresholds which act as controls on the duration of each phase of the cycle of stimulation.

When an acupoint is in a state of normalcy, the threshold for reaction (tonification and sedation) is fairly high, and a mild, short stimulus will have no effect.

But as an acupoint becomes abnormal, the threshold lowers. The more abnormal the acupoint and the lower the threshold, the more susceptible it is to stimulation.

The anesthesia phase has a higher threshold and requires a stronger stimulus over an extended period of time to surmount the anesthesia barrier. A stimulus of greater (more noxious) intensity or longer duration than the body can accommodate will result in acushock.

PREDISPOSITION

The predisposition of an acupoint or meridian determines the time ratio between the tonification and sedation phases of the cycle of stimulation.

Normal state

The predisposition is continuously altered during stimulation. For example, if a meridian or acupoint is normal at the time stimulus is applied, the ratio between the two phases is equal. Hypothetically, the effect of a ten minute stimulation of moderate intensity applied to a normal acupoint would be first, five minutes of tonification, at which time the predisposition would have changed toward sedation; then five minutes of sedation would return it back to normal.

Sedated state

If a meridian or acupoint is in an abnormally sedated state, it is predisposed to tonification, and the tonification phase will be correspondingly longer. If the

stimulus is removed when the predisposition ratio is equalized, the acupoint or meridian is normal. If stimulation is sustained beyond that time, the predisposition changes toward sedation.

Tonified state

If a meridian or acupoint is in an abnormally tonified state, it is predisposed toward sedation. The first effect of stimulation is still tonification, but the tonification phase will be correspondingly shorter before stimulation moves into the sedation phase. Again, if the stimulus is not removed when normalcy is reached, the predisposition will change toward tonification. If the stimulus is removed before normalcy is reached, the cycle of the next stimulation will begin from the predisposition ratio at that time. This aspect of homeostasis indicates that a medium length of treatment will be most likely to produce normalcy in a majority of cases.

Treatment guide

Your guide in determining the predisposition of an acupoint or meridian, and whether the stimulation should be tonifying or sedating, is pulse diagnosis, acupoint tenderness, symptoms, etc. The experienced acupuncturist checks pulse reaction or acupoint tenderness frequently during treatment and again afterward. Noting the length of time and the effect of treatment, he judges whether to lengthen or shorten subsequent treatments.

OSCILLATION

Oscillation is an effect of mild stimulation.

Sustained, mild stimulation of an acupoint that needs tonifying will move its predisposition toward sedation. Sustained, mild stimulation of an acupoint that needs sedating will move its predisposition toward tonification. Thus, a lengthy, sustained stimulation that is not intense enough to cross the anesthesia threshold will cause the predisposition to oscillate back and forth through the tonification-sedation cycle.

The beneficial effects of each oscillation raise the threshold toward normal, and because of the interrelationship between the threshold and the predisposition each succeeding oscillation is shorter, like a pendulum swinging in successively shorter arcs. When this happens, one of two results is achieved. First, the threshold and the predisposition will reach normal so that the mild stimulus no longer produces an effect; or second, the acupoint or meridian will exhaust its capacity to accommodate further treatment (acu-exhaustion), and subsequent treatment will be needed to establish equilibrium, either using another acupoint or treating again at a later date.

Oscillation and acu-exhaustion are protective mechanisms of the body that help guard against adverse effects from over-treatment. They are also mechanisms used

deliberately in certain forms of treatment, such as intracutaneous needles, acupuncture patches, and other methods of applying a mild, sustained stimulus.

ACU-EXHAUSTION

The human body can respond to, or accommodate, only a limited quantity and/or intensity of stimulation within a given period of time.

Sometimes the body's accommodation level in a particular acupoint or meridian is reached before complete normalization has been accomplished. When this occurs, additional stimulation, quantity or intensity, will either be blocked out (acu-exhaustion) or produce a shock reaction (acushock).

Acu-exhaustion may sometimes affect an acupoint but not the entire meridian, in which case another point may be selected and the treatment continued, possibly even using the Five Elements method (Sheng or Ko cycle) to treat the problem indirectly through a physiologically related meridian.

Remember, however, that when treatments are timed closely together the effects can be cumulative. Several closely-spaced tonification treatments may have a cumulative effect of sedation, resulting in weakness or fatigue in the patient.

Acu-exhaustion is one of the reasons a series of treatments spaced over a period of time is usually required in meridian therapy.

DURATION AND INTENSITY

In determining the proper duration and intensity of stimulation to administer to an acupoint, you must consider the foregoing factors of threshold, predisposition, oscillation, and acu-exhaustion. However, duration and intensity are even more closely related to each other than to the other factors.

In treating an acupoint, the more intense the stimulus, the shorter will be the time required to complete the cycle of tonification, sedation, and anesthesia.

To refer again to the cold water analogy, if you jump into extremely cold water your body would move very rapidly through the stages of invigoration, numbness, and paralysis; or even into acushock resulting in death if the water were freezing and you stayed in it long enough.

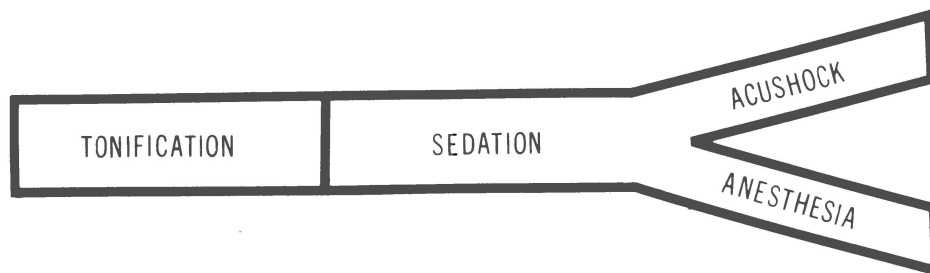
ACUSHOCK

The Heuser-Pennell Law of Deficiency states that the body responds homeostatically to stimulation, with a natural tendency to employ the stimulus to its own greatest benefit. The Heuser-Pennell Law of Stimulation states that the body reacts to stimulation tropismatically, in a prescribed cycle of tonification, sedation, and anesthesia.

These laws act to protect the body from harm and to heal it if it has been harmed.

However, there are limitations to the amount and degree of stimuli with which the body's homeostatic mechanism can cope. A stimulus which exceeds a particular body's threshold of adaptation in the cycle of stimulation results in acushock.

Acushock is another possible effect in the cycle of stimulation, which may either follow or replace the anesthesia effect. In our graphic illustration it would work somewhat like this:



This cycle can be a slow process, as in exposure to heat or cold; or extremely severe, sudden or noxious stimuli such as electrical shock or other physical or emotional trauma can almost instantaneously surmount the barriers of tonification, sedation, and anesthesia to go into acushock.

The Laws of Deficiency and Stimulation always apply . . . both in the body's process of succumbing to disease or trauma and its process of overcoming them.

Acushock results in contamination, aberration, or disequilibrium of Chi within or between meridians, and is manifested in a wide range of symptomatic responses which encompass all the physical, mental, and emotional ailments which may beset mankind.

CHAPTER V

HOW TO DIAGNOSE IN MERIDIAN THERAPY

ORIENTAL DIAGNOSTIC METHODS

In acupuncture, **diagnosis** does not necessarily mean you must give the disease a name, as is customary in Western medicine. The Oriental diagnostic methods were devised to locate and identify imbalances of Chi, either within or between meridians, and also to determine the manner of treatment. In fact, the **Nei Ching** gives lengthy, detailed information on methods of diagnosis, but very little practical description of manner of treatment. Presumably the physician would know how to apply treatment once the diagnosis was made.

Thanks to thousands of years of clinical experience, many specific formulae (acupuncture prescriptions) are available to today's acupuncturist for treatment of specified symptoms and diseases which may be diagnosed by the clinical and laboratory methods you are accustomed to using. However, since it is established fact that many symptoms and diseases may have different causes, and since even the most thorough diagnostic workup sometimes fails to reveal the cause, a working knowledge of Oriental diagnosis is essential to the practice of acupuncture.

Oriental diagnosis takes into account findings from (1) pulse diagnosis; (2) observation of the patient; (3) interrogation of the patient; and (4) physical examination by palpation. Even if other diagnostic methods seem conclusive, verification by these Oriental methods should

be made before proceeding with acupuncture treatment.

PULSE DIAGNOSIS

Certainly pulse diagnosis is not new to the Western-trained physician. The ancient Chinese concept of checking the rate, tension, and force of the pulse to identify and evaluate different characteristics has its correlation in modern medical practice. We are taught to identify different pulse characteristics which are associated with disorders such as fever, tachycardia, bradycardia, cardiac arrhythmia, thyroid toxicity, etc. Check any medical dictionary and you will find more than a page of definitions of pulse characteristics and locations.

Although the Chinese may give different meanings than Western doctors give to the qualities they find in pulse diagnosis, the main difference in the practice of acupuncture is that instead of one pulse position, there are twelve; six on the radial artery of each wrist, each position corresponding to one of the twelve main meridians or twelve basic physiological functions. The characteristics of the pulse at each of the twelve radial positions reflect the state of the associated meridian.

Orientalists believe that any disease, physical or mental, that has a physiological effect will reveal itself in the pulses, usually even before symptoms are manifest in the body. For this reason, pulse diagnosis is the

cornerstone of treatment determination in acupuncture. Expert evaluation of the pulses can reveal not only whether the Chi in the meridians is in excess or deficient, but the location, severity, type, extent of chronicity, and even the cause of the disease.

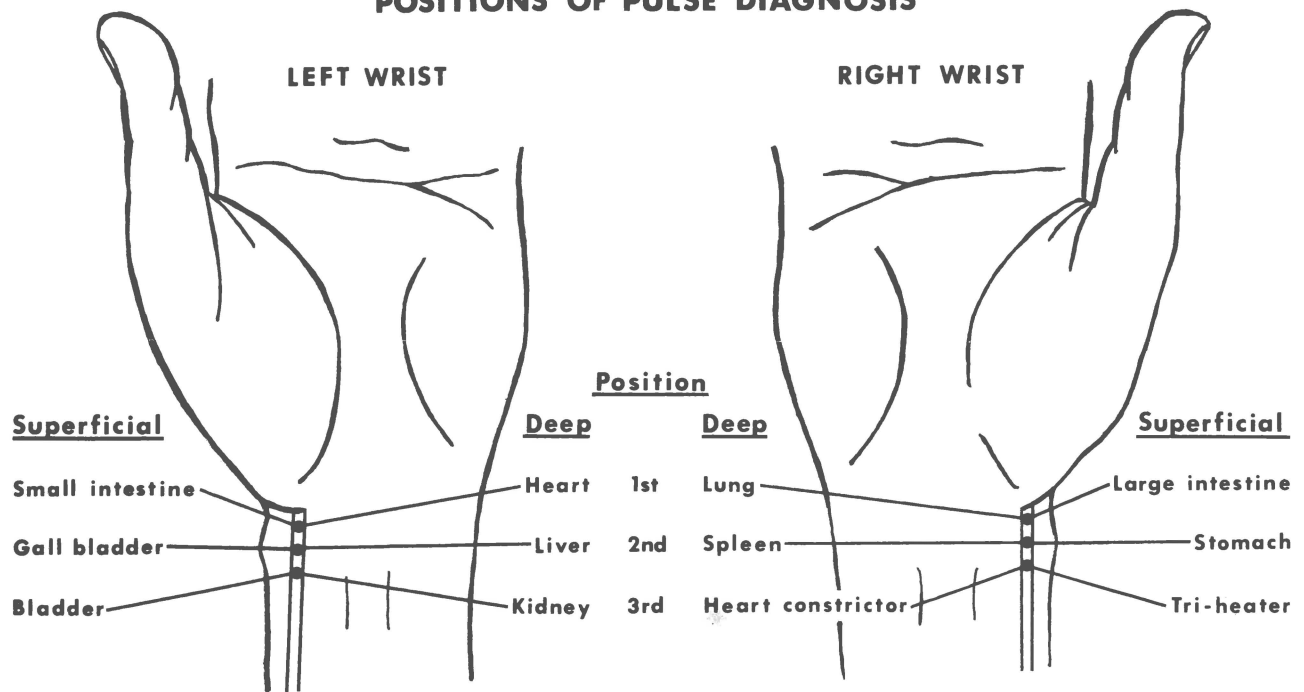
HOW TO LOCATE THE 12 PULSE POSITIONS

The Western-trained doctor routinely checks the radial pulse without any particular concern as to the exact location on the wrist. He considers one section as good as another, as long as he can clearly feel the pulse. The system used by the Chinese is quite different. They divide the radial pulse into three sections on each wrist and each of those sections into two positions, superficial and deep. These 12 positions and their correlations to the 12 main meridians are shown in the diagram, page 88.

To locate the position on the wrist, face the patient and take his left pulse with your right hand, his right pulse with your left hand. Place the tip of your middle finger on the radial artery at the level of the radial apophysis. This locates the middle pulse. Then the index finger will locate the distal pulse; the third finger will locate the proximal pulse.

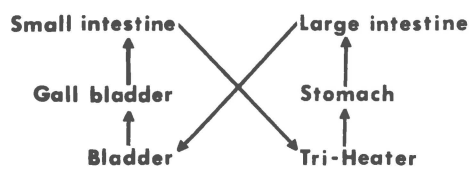
The size of the wrist will determine the spacing of your fingers. On a small wrist, your fingers will be close together. In practice, you will find that the length of

POSITIONS OF PULSE DIAGNOSIS

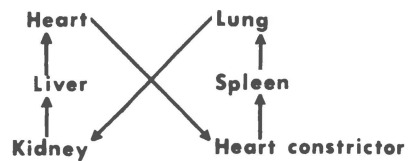


PULSE CIRCULATION

1. Theoretical Cycle of Chi Through Superficial Pulses

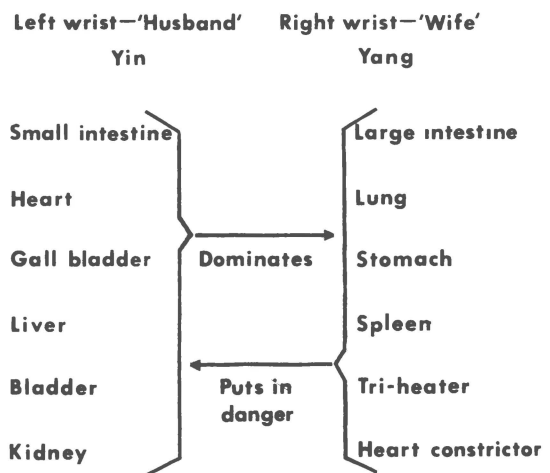


2. Theoretical Cycle of Chi Through Deep Pulses



HUSBAND/WIFE LAW

Dual relationship of Husband/Wife Law to coupled meridians and to Right and Left Hands



radial artery for each pulse position usually equals the width of the tip of the **patient's forefinger**.

Since you use the fleshy tips of your fingers to take the pulse, it is important to keep your nails short and well trimmed. Silence and relaxation on the part of the patient, silence and concentration on the part of the physician are necessary during pulse diagnosis.

HOW TO TAKE THE PULSE

(1) Have the patient comfortably seated, facing you across a small table or desk, with forearms extended, palms upward.

(2) Place a small pad or cushion under the backs of the patient's arms and wrists, so that the hands are slightly dorsiflexed. This is important for ease in palpating the pulses. (If the patient is too ill to sit up, you may need to hold his hand in yours, bending his wrist slightly.)

(3) The superficial pulses are taken with very light pressure. To take the deep pulses, apply enough pressure to compress the radial artery, then ease the pressure until the pulse is felt. Some authors have compared the pressure used for superficial pulse diagnosis to the diastolic pressure, and that for the deep pulse diagnosis to the systolic pressure. Pulse analysis is a matter of comparing the strength, rate, and characteristics of each pulse with all the others.

SEMINAR OF ACUPUNCTURE



How to take the pulse



(4) Locate the superficial pulse positions as described.

(5) With light pressure, analyze each of the three superficial pulses on one wrist, and then on the other. Most authorities agree that the order in which they are taken is of no significance. It is important that you apply pressure with only one finger at a time, as pressure on one pulse will affect the others.

(6) Concentrate, carefully noting the strength, rate, and quality of each of the superficial pulses in comparison with the others. The strength and rate can be ascertained and evaluated with only a little practice, and in a normal pulse they should be essentially equal in all three positions. Recognition of other qualities and characteristics will come with experience.

(7) After all of the superficial pulses have been evaluated, analyze the deep pulses in the same manner.

(8) Then compare the superficial and deep pulses at each position.

(9) After completing the above procedures on both wrists, make a comparison of the “abnormalities” found in any or all of the twelve pulse positions for a differential diagnosis. Using a diagnostic chart such as the one shown (page 121) will enable you to see at a glance the relative extent and location of abnormalities in the pulse diagnosis.

(10) If the pulses are weak, making diagnosis difficult, stimulate TH-4 to increase their strength.

HOW TO EVALUATE THE PULSES

In Oriental pulse diagnosis, it is important to remember the basic philosophy: when there is perfect harmony and unobstructed flow of the vital force, Chi, there is perfect health. This harmony will be reflected throughout the pulses. When normal they will be smooth, rhythmic, elastic, compressible, but with a certain amount of tension. Any interference or disequilibrium of Chi will result in disharmony that is also reflected in the pulses. According to ancient Chinese manuscripts, the human body is like a stringed instrument, each of whose separate parts possesses its own tone. The pulses of the meridians are the vibratory expression of the harmony or disharmony in or between meridians.

Husband-Wife Rule

In classical Oriental pulse diagnosis, the acupuncturist takes into account what is called the "Husband-Wife Rule."

Since the pulses on the left wrist are normally stronger than those on the right wrist, those on the left are considered the "husband," dominating those on the right, the "wife."

The meridian relationship is as follows:

Husband	Dominates	Wife
Small Intestine	--	Large Intestine
Heart	--	Lungs
Gallbladder	--	Stomach
Liver	--	Spleen
Bladder	--	Tri-Heater
Kidney	--	Heart Constrictor

The consideration in diagnosis is that in normalcy the husband is strong and the wife is weak. If the husband is weak and the wife is strong, there is trouble and treatment should be given to restore proper balance. Correction is made by using the classical Five Elements method of balancing meridians.

Experience best guide

The Oriental sphygmologist, while evaluating the tension, rate, rhythm, volume, character, irregularity, intermittence, etc. of the pulses, also considers the possible variables due to such influences as age, sex, constitution, background, temperament, weather, time of day, and season of the year. Experience is the best guide to mastering evaluation of the finer points of pulse diagnosis. Much is written about these finer points of pulse diagnosis, but little practical use is made of them.

Because the pulse also mirrors physiological activities in the body as well as the Chi levels in the meridians, it is advisable to consider the case history, symptoms, and objective and subjective findings from your examination in determining the relative importance of the pulse findings. For example, a hypothyroid patient who is taking thyroid extract or a diabetic patient who is taking insulin may have a normal or near-normal pulse during the times when a balance has been obtained due to the medication. Otherwise, the abnormality is readily revealed in the pulse.

The main point to remember in Oriental pulse diagnosis is that the 12 pulse locations are correlated with the 12 main meridians and signify their approximation to normalcy.

Strength and rate

The two most important findings in evaluating the pulse are strength and rate. Fortunately, these are the two characteristics easiest to ascertain. After only a few hours of practice, the average physician can do a creditable job of comparing the relative strength of the 12 pulse positions.

To determine the rate, simply count the patient's pulse beat and respiration. The normal pulse rate should be four per respiration (one inhalation, one exhalation). Below three or over five is definitely abnormal and indicates a need for treatment. The rate should be averaged through at least nine respirations.

Evaluating the relative strength of the pulses is the best indication as to which meridian needs treatment, and the evaluation can be verified by your other diagnostic findings.

SECONDARY PULSE CHARACTERISTICS

As you gain experience in taking the pulse you will notice many characteristics other than rate and strength, such as: sinking, feeble, fragmentary, buoyant, bounding, continuous, full, empty, long, short, slippery, small, overflowing, tense, tardy, thready, taut, hollow, hard, soft, wiry, slender, scattering, hidden, tremulous, running, intermittent, and irregular. However, you must keep in mind that since these secondary characteristics tend to mirror the condition (pathological or physiological) of the structures or functions controlled by the meridian, their prime usefulness will be to help you determine the progress and prognosis of the case, rather than in establishing a diagnosis.

Remember, it is the strength and not the secondary characteristics that primarily determines your meridian diagnosis.

PATHOLOGY

Any pathology such as atheromatous plaque or aneurism at the site of any of the 12 pulse positions is indicative of advanced pathology in that meridian complex, and suggests that the patient's problem will be difficult, if not impossible, to cure. If such a patient does respond to treatment, additional periodic treatments will probably be needed to maintain the improvement.

**LOCATE
IMBALANCE OF CHI**

Pulse diagnosis is astonishingly accurate in determining which meridians need treatment. **This is the basic purpose of pulse diagnosis -- to locate the imbalance of Chi.**

If a particular pulse is notably weaker than the average for that patient, the associated meridian is assumed to be deficient in Chi. If the pulse is considerably stronger than the average, the meridian has an excess of Chi. This is the information you need to confirm your diagnosis and plan your treatment.

**QUESTIONS AND
ANSWERS ABOUT
PULSE DIAGNOSIS**

QUESTION: What are we trying to determine from pulse diagnosis?

ANSWER: (1) The pulses are analyzed in the beginning to determine which meridian requires treatment.

(2) A check of the abnormal pulses is made frequently (every minute or two) during treatment to determine if the treatment is effective and when to end the treatment.

QUESTION: Can the pulse foretell future illness?

ANSWER: Yes, quite often. Since an imbalance of Chi precedes any disease, the pulse often becomes abnormal before any other symptom appears. If he treats at this time, the doctor can perform his most valuable service . . . **preventive care.**

QUESTION: When is the best time of day to make a pulse diagnosis?

ANSWER: Midway between breakfast and lunch, at which time the pulses are most definitive and most stable. A more accurate diagnosis is possible then than when the patient is tired or tense, which tends to mask the pulse. Experienced practitioners can make a correct diagnosis of the pulse in the afternoon or evening, but the beginner will find morning diagnosis easier.

QUESTION: What factors interfere with accurate pulse diagnosis?

ANSWER: Many activities or situations can abnormally distort the normal pulse. Even the most able practitioners adjust their findings in the pulse for the purpose of meridian diagnosis if the patient is in pain, emotionally upset, has a fever, has been running or exercising, is extremely warm or cold, or has been taking drugs. Stimulants, depressants, and hormones all distort the pulse picture. The pulse is considered to be “distorted” for a period of one hour after eating and 30 minutes after drinking fluid. Multiple symptoms or conditions may also distort the pulse, making it unreliable for meridian diagnosis.

QUESTION: How should I treat if I can't make a pulse diagnosis due to a distorted pulse?

ANSWER: Treat by symptomatic formula. **Example:** Treat a painful area to relieve the pain that is distorting the pulse. After treating the pain symptomatically so that the pulse is stabilized, you can then make a pulse diagnosis to determine the meridian imbalance and correct the underlying cause.

QUESTION: What happens to the pulse as a result of temperature or climate changes?

ANSWER: When the patient has been exposed to cold weather, the pulses may be coarse or rough. This usually normalizes after 30 minutes in a warm room. In winter, the pulses tend to be deeper. In summer, they are nearer the surface.

QUESTION: I have noticed that even when the symptoms are the same in two patients, the pulses may be entirely different. Why?

ANSWER: If a person has a long history of good health and becomes sick, the pulse will have a good elasticity even though showing a disturbance in one or two positions. In a person who has a long history of illness or a chronic condition, the pulses will probably have a hard, brutal or ropy quality.

QUESTION: What are "fatal" pulses?

ANSWER: Certain types of pulses when combined with certain symptoms are considered to be "fatal." **Example:** In typhoid fever, if the pulse is close to the surface, full and overflowing, the prognosis is very good. But if the pulse is thready, small, and soft, the prognosis is poor. Classically, there are 27 "fatal" pulses. (Not the same as the 27 classical pulse characteristics.)

INTERROGATION AND OBSERVATION OF THE PATIENT

The ancient Chinese methods of questioning and observing the patient as an aid to diagnosing illness are based on complicated interrelationships of color, sound, texture, taste, smell, and mannerisms with the concepts of Yin, Yang, and the Five Elements. An explanation of all the complexities would fill a large volume and require more time for study than most doctors can spare.

Today's acupuncturist relies on modern clinical and laboratory investigations to a large extent, with Oriental pulse diagnosis as the confirming technique. His interpretations, however, are sometimes made from a different viewpoint than that of the Western-trained physician. For example, in a case of bronchitis, both the Western doctor and the acupuncturist will obtain a history of the patient and the illness, but the acupuncturist will be specifically concerned about whether the onset of the disease was preceded by exposure to cold, heat, dampness, or wind.

Both doctors will observe the patient carefully. The Western doctor will look for the blue lips and nails, enlargement of the terminal phalanges, or swelling of the legs that usually are late symptoms of chronic bronchitis. The acupuncturist will also look for certain colors in certain areas that correspond to disturbances in particular organs or meridians. Redness on the left cheek, for instance, indicates the Liver meridian is involved. Redness on the nose points to the Spleen meridian. Both doctors will listen for the presence of roughened breath sounds, wheezing, rhonchi, or coarse rales. The acupuncturist will also listen for certain voice qualities that are indicative of different types of meridian imbalance. Both doctors may palpate the patient for significant tenderness. The Western doctor will look for local tenderness that may reveal a callous formation or a rib fractured by coughing. The acupuncturist will also check the Alarm points and Associated points for location and depth of tenderness that will indicate the site and type of meridian imbalance, and then confirm it by pulse diagnosis.

Both doctors may examine a sampling of sputum for a characteristic cytologic pattern. The acupuncturist will also note the color and consistency of the sputum.

The Western doctor, having diagnosed chronic bronchitis, will probably prescribe an antibiotic. The acupuncturist has learned from interrogation that the patient was

exposed to cold, wind, and rain. From pulse diagnosis, observation and listening, he knows that the Lung meridian is involved. The fact that the sputum is white and frothy rather than another color and consistency points to the wind as the precipitating cause of the illness. The acupuncturist treats a Wind acupoint, probably the point called the "Gate of the Wind," which experience has shown is most effective with that particular combination of findings.

Before modern examination procedures were available, the Oriental acupuncturist had to rely solely on the complicated laws of correspondencies in the classic diagnostic methods. His examination followed these lines:

INTERROGATION OF THE PATIENT

Interrogation of the patient gleaned information such as the following:

- (1) Detailed history of the illness, the patient, and the family background.
- (2) Specific details regarding taste, smell, feelings, even dreams.
- (3) The amount, color, and consistency of sputum, nasal mucus, urine, and feces.
- (4) Careful questioning for insight into the general physical and mental condition of the patient.

OBSERVATION OF THE PATIENT

Significant information gained from visual observation of the patient included:

- (1) Color and texture of the skin, particularly on the face.

CHART OF CORRESPONDENCIES IN MERIDIAN DIAGNOSIS

Element	Wood	Fire	Earth	Metal	Water
Meridian	LV - GB	HT - SI HC - TH	SP - ST	LU - LI	KI - BL
Color (1)	Blue	Red	Yellow	White	Black
Sense Organ	Sight-Eyes	Taste-Tongue	Tactile-Lips	Smell-Nose	Hearing-Ears
Body Tissue	Muscle-Tendons	Blood Vessels	Flesh	Skin-Hair	Bone
Flavor	Sour	Bitter	Sweet	Acrid	Salty
Odor	Rancid	Scorched	Fragrant	Rotten	Putrid
Secretion	Tears	Sweat	Lymph	Mucus	Saliva
Vocal Expression (2)	Shouting	Speaking	Singing	Crying	Groaning
Positive Emotion	Aggressiveness, certainty	Joy, happiness	Sympathy, concern	Grief, sorrow	Reverence, awe, wonder
Negative Emotion	Anger, irritability, restlessness, instability	Hysteria, excessive laughter, sadness	Worry, tension, depression	Negativity, parsimony	Fear, alarm, timidity
Climatic Condition (3)	Wind	Heat	Moisture	Dryness	Cold
Planet	Jupiter	Mars	Saturn	Venus	Mercury

(1) *The areas to examine for abnormal appearance of these colors are the inside of the forearm and the face, particularly the forehead, cheeks, and below the eyes.*

(2) *Persons who are arrogant, irritable, domineering, and shout a lot are prone to suffer from liver and gallbladder disorders.*

Those who seem to chatter incessantly or who stutter tend toward cardiac dysfunctions.

A humming tone of voice indicates weakness in the spleen or stomach, while a firm singing tone indicates a strong spleen and stomach.

Persons who cry easily or complain frequently are susceptible to pulmonary and colon disorders.

Groaning, yawning, and snoring are all related to the kidneys and bladder.

(3) *Wind is unfavorable to the liver and may bring on illness which affects the ligaments.*

Heat is unfavorable to the heart and may bring on illness which affects the arteries.

Moisture is unfavorable to the spleen and may bring on illness which affects the muscles.

Dryness is unfavorable to the lungs and may bring on illness which affects the skin and hair.

Cold is unfavorable to the kidneys and may bring on illness which affects the bones.

- (2) Color and condition of the tongue.
- (3) Color and consistency of the hair.
- (4) Color of the superficial vessels.

Voice

In listening to the patient, the acupuncturist drew fine distinctions in regard to the quality, amplitude and intensity of the voice. Strength or weakness; high or low pitch; whether “prolonged,” “thready,” “faulty,” or “hoarse”; weeping, sighing, and laughing all denoted degrees and locations of meridian disturbance.

Correspondencies

A chart of some of the various correspondencies used in acupuncture diagnosis is on page 102.

The entities listed on the chart have particular affiliations with the meridians, organs, and functions as shown. They also are interrelated according to the Five Elements cycle of augmentation and inhibition.

Diet

In the matter of diet, for instance, since the element Earth has an inhibiting or controlling power over the element Water, too much sweet food can overcome the kidneys and bladder. Too much sour food can upset the stomach and spleen; too much acrid or pungent food can upset the liver and gallbladder; too much salt can adversely affect the heart and circulatory system; too much bitter food can affect the lungs and large intestine. If improper diet is a contributing factor in meridian imbalance, results of treatment will not be lasting unless the diet is also corrected.

Emotional factors

Emotional factors must not be overlooked in acupuncture diagnosis and treatment, since there is a direct relationship between mental and emotional imbalance and meridian imbalance. Which is cause and which is effect is difficult to determine, because worry or tension can cause an imbalance in the Stomach meridian, and an imbalance in the Stomach meridian can cause a person to become tense or worried. Observation of the patient's actions and attitudes can help guide you to a correct meridian diagnosis.

The Positive Emotions listed on the Chart of Correspondencies are the emotions related to equilibrium and health in the affiliated meridian, organ, and function. Excesses or deficiencies in the meridians are indicated by the Negative Emotions. Too much joy can become hysteria, which is harmful to the heart. Too little joy can become sadness, which is also harmful to the heart. Also, a deficiency in any of the Fire meridians can cause a feeling of sadness; an excess can cause a feeling of hysteria.

Diagnosis in the case of a busy executive working under pressure, for instance, must include his tensions as part of the diagnostic picture. While treating with acupuncture to balance the meridians can be highly effective, he must make some alteration in his lifestyle which includes time for relaxation, or the meridian imbalances will recur.

Correlation of Five Elements

Correlation of all the entities according to the Five Elements theory, verified by pulse diagnosis, formed the basis for treatment by the Oriental acupuncturist for many centuries. The same general procedure is followed by today's acupuncturist, but fortunately his task is made easier by the recorded clinical experience gathered over the years and by technological advances in diagnostic procedures.

PHYSICAL EXAMINATION BY PALPATION

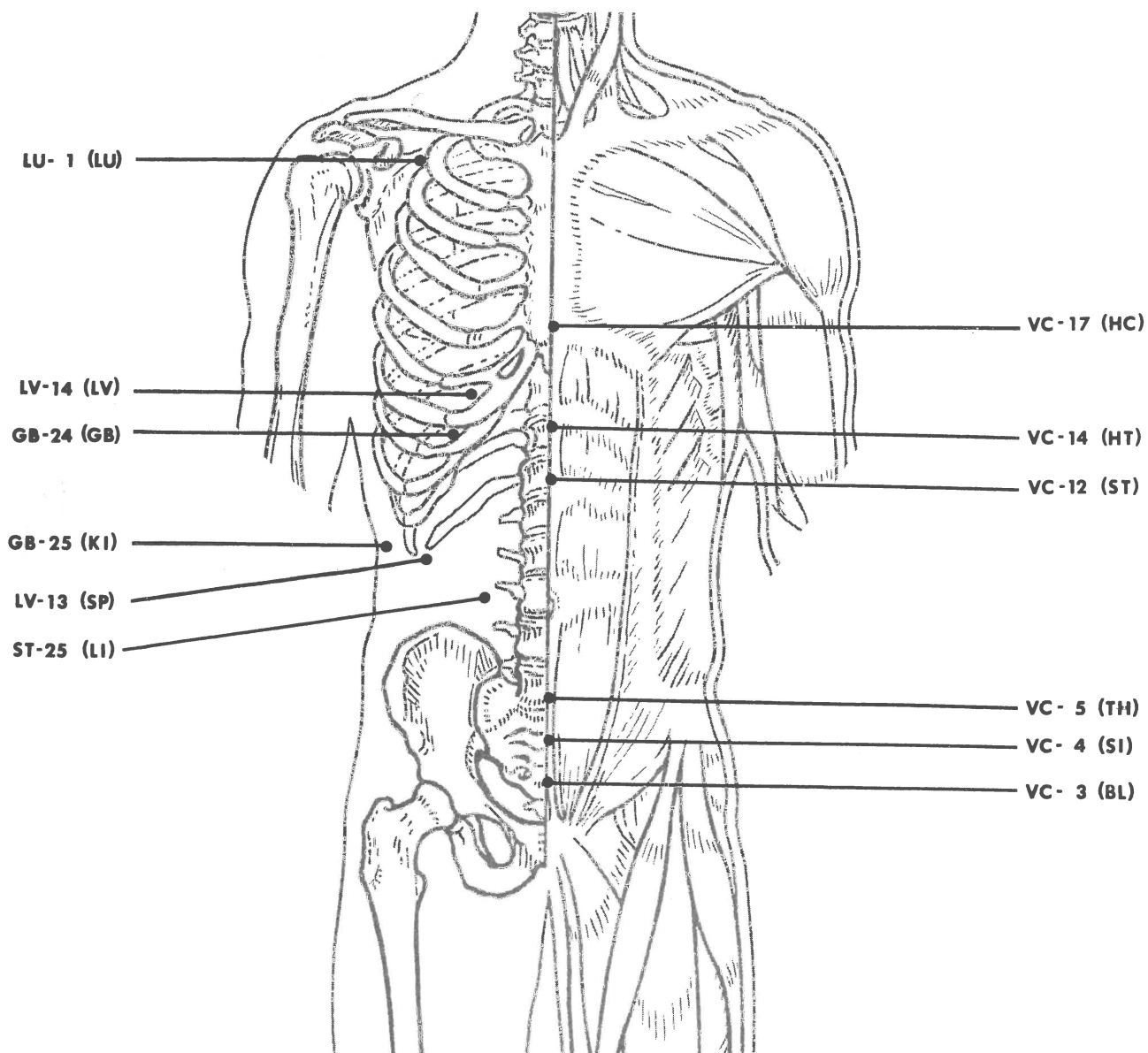
Palpation for tenderness of any acupoint is an integral and highly efficient diagnostic procedure in acupuncture. Certain acupoints are reflexly connected with specific areas and functions of the body, and are especially helpful for verification of pulse diagnosis, or when pulse diagnosis is unavailable or judged unreliable because of distorting factors.

Many of the points of referred pain and tenderness used in Western medical diagnosis are acupoints. Head's zones, for instance, could include any acupoint, especially the Alarm and Associated points. Most of the points of tenderness in appendicitis (McBurney's, Clado's, Cope's, Kummell's, Lavitas', etc.) are on the Stomach, Spleen, or Kidney meridians, which are usually involved in cases of appendicitis. Boas' point, tender in patients with gastric ulcer, is BL-21, the Associated point for the Stomach meridian. Tenderness at Brewer's point (BL-20) indicates kidney infection. BL-20 is the Associated point for the Spleen meridian which is assigned to Earth, the controlling

LOCATION OF ALARM POINTS

(Reflex Points for Meridians)

Spontaneous pain at any point indicates disorder of the affiliated meridian.
Tenderness elicited by palpation with light pressure indicates the meridian is deficient in Chi.
Tenderness on heavy pressure indicates an excess of Chi.



ALARM POINTS

Lung — LU- 1
Large Intestine — ST-25
Stomach — VC-12
Spleen — LV-13

Heart — VC-14
Small Intestine — VC- 4
Bladder — VC- 3
Kidney — GB-25

Heart Constrictor — VC-17
Tri-Heater — VC- 5
Gall Bladder — GB-24
Liver — LV-14

element of Water, the element of the Kidney meridian.

Four major types of reflex testing areas are used in acupuncture diagnosis. They are the Alarm points, Associated points, Points of Akabane, and Thermal Reflex Areas.

ALARM POINTS

The Alarm points are all on the ventral surface of the body. Each point is associated with one of the 12 main meridians and its function. Six of the points are unilateral, since they are on the Vessel of Conception. The other six are bilateral.

Tenderness elicited by palpation of an Alarm point with light pressure indicates a deficiency of Chi in the affiliated meridian. Tenderness on heavy pressure indicates an excess of Chi. Tenderness of an Alarm point indicates a Yin type of disease.

Locations of the Alarm points are shown on the chart on page 106.

ASSOCIATED POINTS

The Associated points are on the back, located on the medial course of the Bladder meridian bilaterally along the spine. As is the case with the Alarm points, each Associated point is affiliated with one of the 12 main meridians and its function.

Tenderness on light pressure indicates a deficiency of Chi in the meridian; tender-

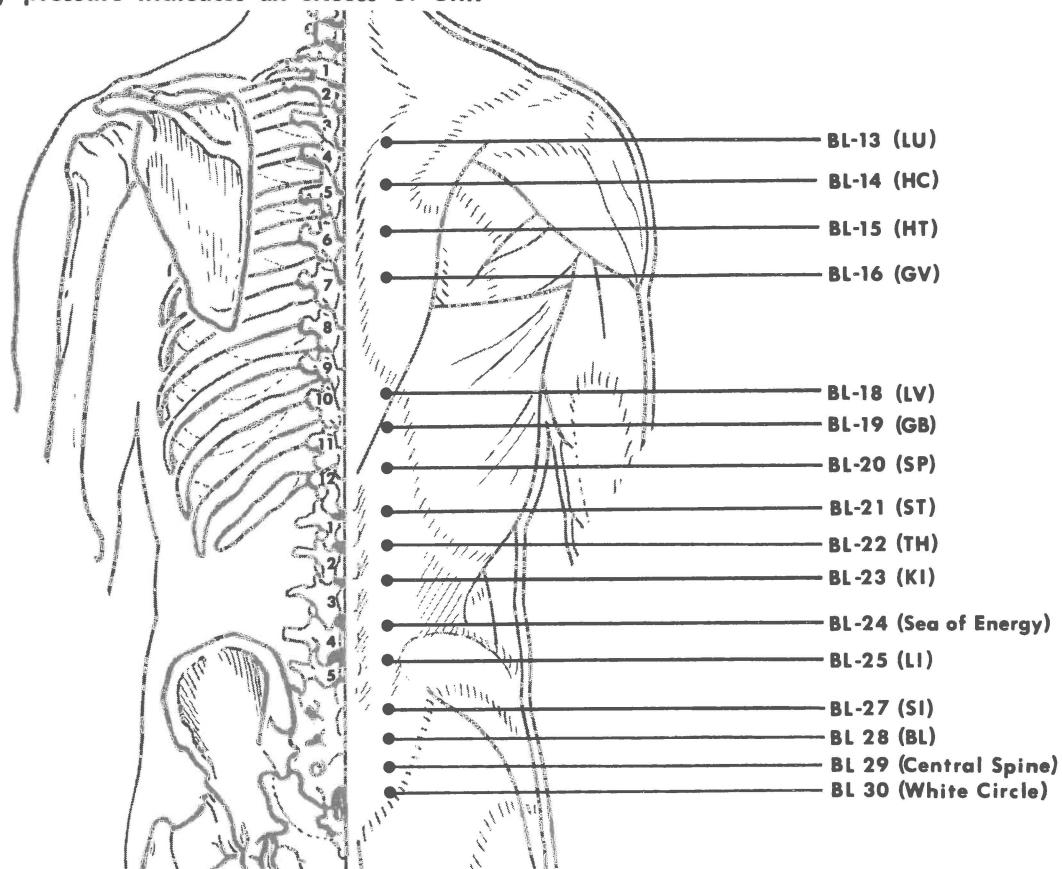
LOCATION OF ASSOCIATED POINTS

(Reflex Points for Meridians)

Spontaneous pain at any point indicates disorder at that particular Meridian.

Tenderness elicited by palpation with light pressure indicates the meridian is deficient in Chi.

Tenderness on heavy pressure indicates an excess of Chi.



<u>MERIDIAN</u>	<u>ASSOCIATED POINT</u>	<u>LOCATION</u> <u>2 Pouce from Median line</u>
LU	BL 13	Between T3 - T4
HC	BL 14	Between T4 - T5
HT	BL 15	Between T5 - T6
GV	BL 16	Between T6 - T7
LV	BL 18	Between T9 - T10
GB	BL 19	Between T10 - T11
SP	BL 20	Between T11 - T12
ST	BL 21	Between T12 - L1
TH	BL 22	Between L1 - L2
KI	BL 23	Between L2 - L3
LI	BL 25	Between L4 - L5
SI	BL 27	At level of foramen S1
BL	BL 28	At level of foramen S2

EXTRA ASSOCIATED POINTS

Diaphragm	BL 17	Between T8 - T9
Sea of Energy (upper lumbar)	BL 24	Between L3 - L4
Gate Origin (lower lumbar)	BL 26	Between L5 - S1
Central Spine (sacrum)	BL 29	At level of foramen S3
White Circle (anus)	BL 30	At level of foramen S4

(KI 27, "Home of Associated Points," is the Associated point for all the Associated points.)

ness on heavy pressure indicates an excess of Chi. Tenderness of an Associated point indicates a Yang type of disease.

A chart showing the Associated points is on page 108.

POINTS OF AKABANE

The Points of Akabane (pronounced Ak'-kuh-bah'-nee) are the terminal points of meridians on the fingers and toes, as shown on the chart on page 110. Sensitivity at one of these points indicates an imbalance of Chi within that meridian, and the sensitivity at all points is compared to determine relative imbalance between meridians.

Testing of the Akabane points may be done with an electronic instrument that measures skin resistance. A high reading, or low resistance, indicates an excess of Chi. A low reading, or high resistance, indicates a deficiency of Chi.

Electrical heat or manual pressure testing of pain tolerance at the points may also be used, but is sometimes less reliable because of the subjectivity.

THERMAL REFLEX AREAS

A diagram and list of Thermal Reflex Areas is on page 111. If the skin of the area feels cool to the touch, as compared to the surrounding area, a deficiency of Chi in the affiliated meridian is indicated.

Comparative warmth indicates an excess of Chi.

TEST OF AKABANE

Sensitivity at the bilateral terminal points of meridians on the fingers and toes is used as an indicator of energy imbalance within a meridian, and the sensitivity is compared to determine energy imbalance between meridians.

This is usually done by applying "electrical heat," using an electrical machine with heating elements and an electrical counter. Touch the hot point to the terminal points until the patient can no longer stand the pain. The electrical counter gives a time measurement of pain tolerance.

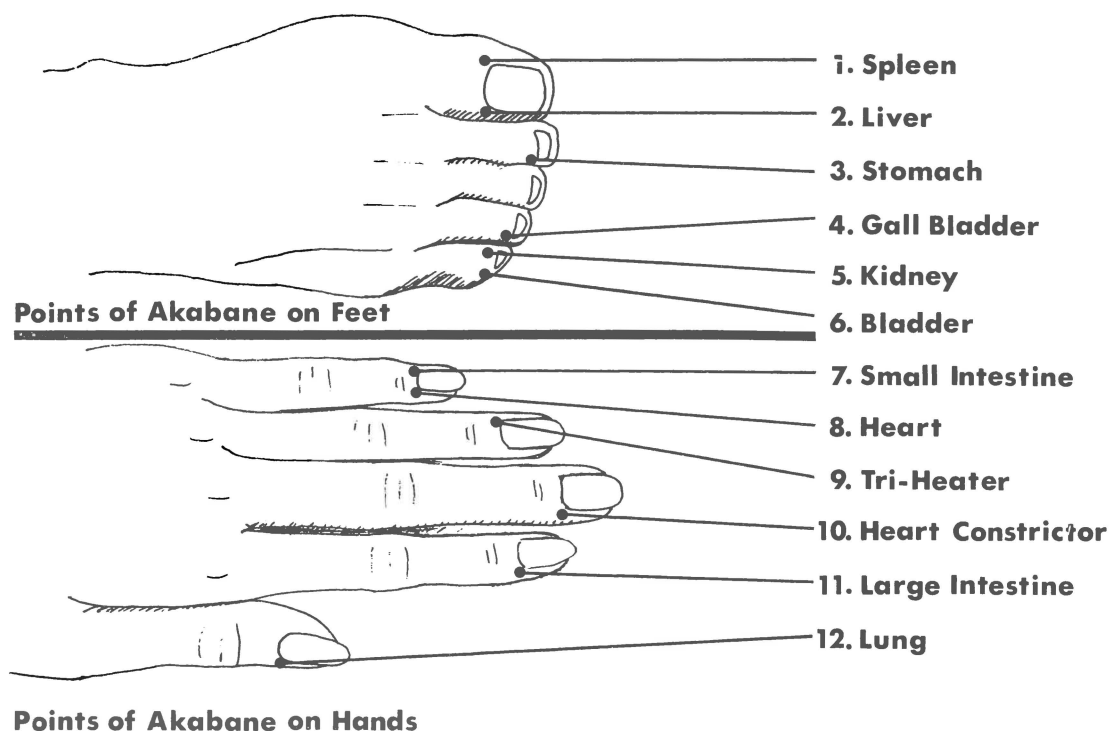
Electronic testing of the skin resistance at the points of Akabane indicates whether a meridian imbalance exists. The difference in the resistance indicates the relative abnormality of the Chi in the meridians.

High reading (low resistance) indicates excess.

Low reading (high resistance) indicates deficiency.

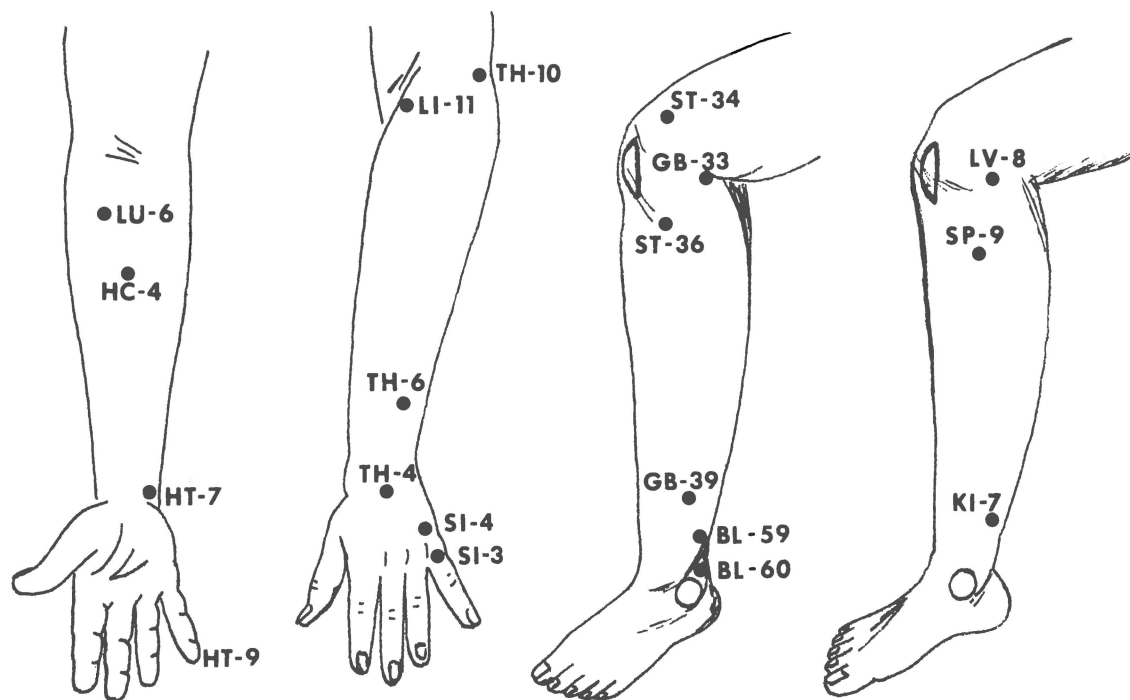
Pressure with your fingers or a pointed object such as a toothpick or a ballpoint pen may be used, but this is more subjective and therefore less reliable.

Points on right foot and hand relate to right half of meridian; points on left foot and hand relate to left half of meridian.



THERMAL REFLEX AREAS FOR MERIDIANS

If the reflex area is comparatively cool to the touch, it indicates that the meridian is deficient in Chi. If the reflex area is comparatively warm to the touch, it indicates an excess of Chi.



LOCATIONS OF THERMAL REFLEX AREAS

Lung	— Vicinity of LU-6
Large Intestine	— Vicinity of LI-11
Stomach	— Between ST-34 and ST-36
Spleen	— Vicinity of SP-9
Heart	— Between HT-7 and HT-9
Small Intestine	— Between SI-3 and SI-4
Bladder	— Between BL-59 and BL-60
Kidney	— Vicinity of KI-7
Heart Constrictor	— Vicinity of HC-4
Tri-Heater	— Between TH-4 and TH-10
Gall Bladder	— Between GB-33 and GB-39
Liver	— Vicinity of LV-8

SEMINAR OF ACUPUNCTURE

Date of exam. _____

Birth Date _____ Age _____

Occupation _____

Time of Day _____ Room Temp. _____

Medication Taken _____

Plate:

A typical chart for evaluating results of Electroni testing of skin resistance at Source points.

Place a 1" ruler horizontally across the chart to cover as many readings as possible. Those above the ruler are in excess, those below are deficient.

	LU		HC		HT		SI		TH		LI		SP		LV		KI		BL		GB		ST		
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	
160	190		170		140		170		200		200		160		130		150		150		130		150		160
150	180		160		130		160		190		190		150		120		140		140		120		140		150
140	170		150		120		150		180		180		140		110		130		130		110		130		140
130	160		140		110		140		170		170		130		100		120		120		100		120		130
120	150		130		100		130		160		160		120		90		110		110		90		110		120
110	140		120		90		120		150		150		110		80		100		100		80		100		110
100	130		110		80		110		140		140		100		70		90		90		70		90		100
90	120		100		70		100		130		130		90		60		80		80		60		80		90
80	110		90		60		90		120		120		80		50		70		70		50		70		80
70	100		80		50		80		110		110		70		40		60		60		40		60		70
60	90		70		40		70		100		100		60		30		50		50		30		50		60
55	80		60		30		60		90		90		55		25		45		45		25		45		55
50	70		50		20		50		80		80		50		20		40		40		20		40		50
45	65		45		15		45		70		70		45		15		35		35		15		35		45
40	60		40		10		40		65		65		40		10		30		30		10		30		40
35	50		35		5		35		60		60		35		5		25		25		5		25		35
30	45		30		0		30		55		55		30		0		20		20		0		20		30
25	40		25		0		25		50		50		25		0		15		15		0		15		25
20	35		20		0		20		45		45		20		0		10		10		0		10		20
15	30		15		0		15		40		40		15		0		5		5		0		5		15
10	25		10		0		10		35		35		10		0		0		0		0		0		10
5	20		5		0		5		30		30		5		0		0		0		0		0		5

Stimulate																									
Sedate																									

History _____

Diagnosis _____

NOTE: There is a psychological advantage to checking reflex points or areas before and after treatment, as it demonstrates to the patient that the pain decreases or disappears when the Chi in the meridian has been brought into equilibrium.

**DIAGNOSTIC EVALUATION
OF ACUPOINT
TENDERNESS**

Tenderness of an acupoint indicates a need for treatment. The degree of tenderness is an indication of either the severity or the acuteness of the problem. Spontaneous pain indicates a need for immediate treatment.

If an acupoint is tender upon light pressure, this indicates a deficiency and a need for tonification. If it is tender upon deep pressure, it indicates an excess and a need for sedation.

If the condition is severe or chronic, the shallow tenderness may extend into the deep area, and vice versa. In this instance, tenderness may be noted both shallow and deep, and a differential diagnosis can be made in the following manner: If the tenderness felt upon light pressure increases in intensity as heavier pressure is applied, this indicates that the meridian is actually in excess. But if the shallow tenderness does not increase substantially as heavier pressure is applied, it indicates that the meridian is deficient.

**MERIDIAN DIAGNOSIS BY
SYMPTOM**

Experience has shown that when a particular meridian has either a deficiency or an excess of Chi, certain symptoms occur with a frequency that makes them

useful as a diagnostic aid. Although not conclusive evidence in themselves, when present the symptoms listed in the chart on pages 118 and 119 can be especially beneficial to the acupuncturist as a guideline to diagnosis.

Certain other symptomatic indications in meridian imbalance are of primary interest to the Oriental diagnostician. From these he determines the precipitating cause and decides whether to treat the cause or the symptoms of the disease. These distinguishing factors are classified as Yin or Yang, internal or external, cold or hot, excess or deficiency.

YIN OR YANG

If a disease seems to be going deep into the body, depressing the functions of organs, it is considered a Yin disease. If it seems to be coming to the surface and the organs are overactive, the disease is Yang. Yin is always deep in the body; Yang is more superficial.

INTERNAL OR EXTERNAL

Internal or external refers to the location and movement of disease. When the pathological substance is hidden inside organs, the disease is internal. Substance appearing externally (eruptions, blisters, boils, secretions) is evidence of an external disease or internal disease moving to the surface.

COLD OR HOT

Increased temperature, increased organic or functional activity, hyperemia, and acuteness are characteristic of "hot"

diseases. Lowered temperature, a fade-out of organic or functional activity, congestion, and chronicity are typical of “cold” diseases. Yang diseases usually display “hot” symptoms; Yin diseases usually are “cold.”

EXCESS OR DEFICIENCY

A deficiency of Chi results in excessive excretory functions (perspiration, urine, feces), weakness and general bad health.

An excess of Chi results in decreased excretory functions (dry skin, hypouresis, constipation) and a worsening of symptoms.

SUMMARY OF DIAGNOSIS

The master acupuncturist may use any or all of the following, depending on whether he uses the Chinese, Japanese, or French system: (1) evaluate the symptoms and findings from observation; (2) take the pulse; (3) verify it by testing the Alarm points, Associated points, Akabane points, or the Thermal Reflex areas. In most instances, all or a majority of the findings will be corroborative and lead to a clearcut diagnosis and treatment plan.

However, in some patients, multiple symptoms and conditions may obscure the underlying cause in such a way as to make a differential diagnosis difficult or impossible. In such cases, a “working” diagnosis should be adopted and a trial of therapy begun. Careful observation of the patient’s response should quickly guide you to a differential diagnosis. Some acupuncturists

use a device that measures electrical resistance to locate points precisely, then use modern diagnostic instruments to check the effectiveness of treatment. For instance, an electrocardiograph records changes that result from treating the Heart meridian or other acupoints that affect heart function.

QUESTION: Can the reflex testing points (Alarm, Associated, and Akabane points) become tender because of a local problem rather than being meridian reflexed?

ANSWER: Yes. Sometimes it is difficult to tell which is the case, or how much of the tenderness is due to local influences and how much is due to meridian reflex function. Treatment of the reflex point itself will have beneficial effects in either instance.

QUESTION: In bilateral reflex testing points or areas (Alarm, Associated, Thermal, etc.) if tenderness is manifested on one side but not the other, what is indicated?

ANSWER: The indication usually is that the problem is in the affected meridian on that side of the body. However, in some instances, especially in neurological conditions, the opposite may be true.

QUESTION: Are the reflex testing areas (Alarm, Associated, Akabane, Ther-

mal) always affected by a meridian imbalance?

ANSWER: No, they are not. The absence of a response does not necessarily indicate a healthy meridian. Certain response centers may either be activated (become tender) or not depending on the precipitating cause of the meridian imbalance.

**DIFFERENTIAL DIAGNOSIS
OF MERIDIANS BY SYMPTOM**
[Classical Oriental Method]

Meridian	Deficiency	Excess
LU	Chills, sniffles, sneezing, light cough, dry skin, shallow breathing, sensitivity to cold, redness on chin, pale face, faintness, loss of weight; tongue red; pulse weak and fine.	Heavy chest, reduced lung capacity, heavy cough, much phlegm, throat dry and sore, nasal discharge, skin red on bridge of nose, shoulder and arm pain; yellow, sticky-coated tongue; pulse fast and smooth.
LI	Dry lips, feeling of cold, rumbling in bowels, loose bowel movements, soft but distended abdomen; white-coated tongue; pulse deep and a little slow or fine.	Pain and swelling along the course of the meridian, shoulder stiffness, dizziness, abdomen distended and hard, constipation, anal pain, hypouresis, urine yellowish-orange; sticky, yellow-coated tongue; pulse strong and a little fast.
ST	Loss of appetite, stomach congestion and distention, diarrhea, nausea, weakness in legs; lips and tongue pinkish-white; pulse deep and slow.	Gluttony, constipation, halitosis, thirst, feverish feeling, tender and swollen gums, red and dry lips, cramps or pain on outside of legs; yellow, sticky-coated tongue; pulse strong and fast.
SP	Craving for sweets, flatulence, nausea, diarrhea, mild edema, memory failure, drowsiness, heavy feeling in legs, pale lips; white-coated tongue; pulse weak and late.	Irregular appetite, stickiness in mouth, lips red, chest congestion, phlegm, fatigue, constipation, hypouresis; yellow, sticky-coated tongue; pulse strong and fast.
HT	Cold feeling in chest and limbs, palpitation, cold sweat, memory failure, restless sleep, nocturnal emission; tongue light red in color; pulse fine and weak.	Heavy chest, dry mouth, fever, hot sweat, thirst, orange urine; tongue feels numb and heavy; tip of tongue red; pulse strong and fast.
SI	Hemicrania, tinnitus, pain around ears; pain depressing abdomen, somewhat relieved with lifting pressure; white-coated tongue; pulse weak and fine.	Pain at temples or side of neck, arm and shoulder pain, herpes labialis, abdomen congested, reddish urine; tongue sticky and yellow but red at the edges; pulse slippery and fast.

**DIFFERENTIAL DIAGNOSIS
OF MERIDIANS BY SYMPTOM**
[Classical Oriental Method]

Meridian	Deficiency	Excess
BL	Frequent and excessive urination, back pain (along spinal column), nocturnal enuresis, urine clear.	Pain along spinal column, at waist, and down legs; congestion in abdomen; urine insufficient and cloudy.
KI	Lack of will, lack of sexual drive, negativity (uneasy, impatient, timid, fearful); coldness in lower limbs; pressure in occipital region, tinnitus; dark-colored tongue; pulse weak and slow.	Abnormally intensive energy (cannot stop working); urine dark brown; tinnitus; tongue reddish and slightly furry; pulse weak and fast.
HC	Palpitations, shortness of breath, tremor, fear of height, indigestion, diarrhea, restless sleep.	Heavy head, headache, stomach pain, feverish feeling, impacted feces, light sleep with dreams.
TH	Body feels cold and weak; pain in temple area. Upper Heater: shortness of breath, nervousness, restlessness, chest congestion, phlegm. Middle Heater: congestion and gurgling in mid-abdomen, relieved by pressure; possibly diarrhea, difficulty in urinating. Lower Heater: diarrhea, enuresis, edema.	Pain in shoulder and upper limbs; pain in ears, hearing difficulty. Upper Heater: chest congestion, phlegm, sweating at temples, throat sore, tongue dry. Middle Heater: congestion in mid-abdomen, shortness of breath. Lower Heater: constipation, difficulty in urinating, sticky or bloody stool.
GB	Asthenia, vertigo, chills, insomnia, fearfulness, sighing; tongue white or pale pink; pulse fine and slow.	Heaviness in head and stomach, excessive appetite, cramping pains in sides, jaundice, deafness, bitter taste; tongue yellow or yellowish-red; pulse tense and fast.
LV	Vertigo, impaired vision, stumbling, tinnitus, irritable; skin dry and taut; tongue bright and smooth; pulse deep, fine, weak slow.	Excitable, moody, weepy; compulsive energy, insomnia; eyelids red, eyes tearing; dry throat, bitter taste; pain down sides to genitals; tongue purplish red but with yellow, sticky furriness; pulse fast and tense.

SEMINAR OF ACUPUNCTURE

CHART FOR CLINICAL USE IN DIAGNOSIS

DATE:

PATIENT'S NAME

DIFFERENTIAL DIAGNOSIS OF MERIDIANS

Enter in each column: o for normal; x for excess; - for deficiency.

MERIDIAN	PULSE	ALARM POINT	ASSOC. POINT	THERMAL RE- FLEX AREA	AKABANE	ELEC- TRONIC	SYMPTOMS	TRIAL OF THERAPY
LU								
LI								
ST								
SP								
HT								
SI								
BL								
KI								
HC								
TH								
GB								
LV								

Observations:

REMARKS:

CHAPTER VI

HOW TO PRESCRIBE MERIDIAN THERAPY

PURPOSE OF TREATMENT

In determining the method, procedure, and sequence of treatment in meridian therapy, remember that your goal is to achieve equilibrium of Chi within and between meridians. This is accomplished by applying a stimulus to one or more acupoints to (1) transfer Chi between meridians, (2) tonify the meridian to supply energy where there is a deficiency, or (3) sedate the meridian to calm or disperse an excess of energy. These actions may be taken singly or in combination, depending on the location, extent, and character of the disequilibrium.

METHOD OF TREATMENT

Considerations in selecting the method of applying the stimulus (needle, acupressure, moxibustion, etc.) are:

1. The age and condition of the patient.
2. The location of the acupoint to be treated.
3. The effect desired.
4. The preference of the physician.

PROCEDURES AND SEQUENCE OF TREATMENT

The procedures and sequence of treatment are determined by diagnosis, and are described in detail in the section on treatment. Generally speaking, a transfer of Chi is effected when there are corresponding excesses and deficiencies between meridians. The term "transfer of Chi" is a theoretical consideration the Orientals used to explain the physiological interactions between organs and meridians. Tonification procedures are used when there is a

deficiency without a corresponding excess, either locally or in an entire meridian. Sedation procedures are used when there is an excess without a corresponding deficiency, either locally or in an entire meridian. A tonification or sedation procedure is stimulation applied to an acupoint to produce direct physiological effects on a particular meridian's area of influence. A transfer procedure is stimulation applied to an acupoint to produce indirect physiological effects on one meridian by treating another.

Remember, however, that any time you apply a stimulus to one meridian, you affect, to some degree, all of the other meridians . . . just as a car backing out of a driveway in New York affects the traffic pattern not only on that street, but in California.

EFFICIENCY IN TREATMENT

Always remember that stimulating the fewest possible number of acupoints constitutes the most efficient treatment -- and the most efficient treatment is the most effective treatment.

Some practitioners use a "shotgun" approach, combining direct and indirect

treatments with the hope that one will work. As you gain experience you will see that using a more specific “rifle” approach will produce better effects than scattered treatment of many acupoints.

SYNOPSIS OF ACUPOINTS

In all forms of meridian therapy, certain acupoints are used for specified purposes. These are explained below, and a reference chart is on page 130.

1. Local points

All acupoints are considered to be local points in that each point controls the area in which it is located.

2. Command points

On each of the 12 bilateral meridians there are five points known as the Points of Command. They are the points assigned to the elements: the Fire point, Earth point, Metal point, Water point, and Wood point. These 60 Points of Command are utilized to transfer energy from one meridian to another. Stimulation of these points causes an interrelated physiological effect that has the end result of seemingly opening “gates” or “channels” between meridians thus connected and according to the Law of Deficiency.

In addition, each meridian has a point called the Luo point, which is utilized to transfer energy between “coupled” meridians.

Some authorities refer to 60 Points of Command, while others include the Luo

points and refer to 72 Points of Command. The 72 Points of Command are the points used in treating according to the theory of the Five Elements.

Actually, the Points of Command could be considered additional acupoints belonging to each meridian, since stimulating these acupoints has a physiological effect on the affiliated meridian. The Heart meridian, for instance, has nine points. It also is affected by treatment of its Alarm point, its Associated point, the Luo point on the Tri-Heater meridian, and the Fire point on each of the other eleven meridians.

Sometimes the Points of Command are stimulated for their symptomatic effects, rather than for the purpose of transferring energy from one meridian to another. This procedure is permissible provided the meridian being treated is in a state of energy equilibrium with the meridian connected to it via the Point of Command being stimulated. Otherwise, it is a forbidden point and another point must be selected.

3. Source points

The Source point has a special rapport with the organ and function associated with its meridian. Source points are approximately twice as responsive to stimulation as the average acupoint and therefore pass through the tonification, sedation, and anesthesia cycle more quickly.

4. Alarm points

The Alarm point is a reflex point for the affiliated meridian. It becomes tender when that meridian's Chi is abnormally disturbed.

5. Associated points

The Associated point is a reflex point for the affiliated meridian. It becomes tender when the meridian's Chi is abnormally disturbed. (Extra Associated points are affiliated with specific areas.)

6. Thermal reflex areas

The surface of the skin in these areas tends to become cooler or warmer than the surrounding area when the affiliated meridian's Chi is abnormally disturbed.

7. Entry and exit points

These are usually, but not always, the first and last points on the meridian. They activate the "gates" that allow Chi to pass from one meridian to the next via the General Circulation of Energy.

8. Akabane points

These are terminal points of the meridians, located on the fingers and toes. They are used primarily for testing the relative balance of Chi in the meridians, but may also be used in treatment.

9. Luo points

The Luo point is a Point of Command in that, when stimulated, it permits the direct transfer of energy from a meridian to: (a) its coupled meridian; (b) its bilateral counterpart; (c) its opposite in the Midday-Midnight cycle.

10. Intersection points

These are points located where meridians intersect. Stimulation of an intersection point affects all the meridians that intersect at that point.

11. Accumulation [Hsi] points

These points are used primarily in serious conditions. Their Chinese name, Hsi, can be translated as "sudden reaction." They are approximately three times as responsive (powerful) as the average acupoint, and therefore have a greater tendency toward sedation, because they pass through the cycle of stimulation more rapidly. But if stimulated for only a short period of time, they are equally as powerful for tonification.

12. Horary points

The Horary points are the Points of Command of the same name as the element to which their meridian is assigned; e.g., the Wood point on a Wood meridian. When stimulated during their meridian's horary period, the effects are enhanced. As with most points, Horary points may be used for different purposes: for the Horary Effect, the Midday-Midnight Effect, for symptomatic treatment, or for local treatment. Before using them for any of these purposes, be sure to take into consideration the energy levels of all meridians involved, as otherwise the Law of Deficiency may intervene and produce unanticipated effects.

13. Sedation points

The sedation point is a Point of Command used in the Sheng Cycle, but it is

contraindicated (forbidden) unless in harmony with the Law of Deficiency. It should be used only in cases of emergency.

14. Tonification points

The tonification point is a Point of Command used in the Sheng Cycle. It is contraindicated unless in harmony with the Law of Deficiency.

SEMINAR OF ACUPUNCTURE

REFERENCE CHART OF ACUPOINTS MASTER CONTROL CHART

	LU YIN ARM METAL	LI YANG ARM METAL	ST YANG LEG EARTH	SP YIN LEG EARTH	HT YIN ARM FIRE	SI YANG ARM FIRE	BL YANG LEG WATER	KI YIN LEG WATER	HC YIN ARM FIRE	TH YANG ARM FIRE	GB YANG LEG WOOD	LV YIN LEG WOOD
Wood	LU 11	LI 3	ST 43	SP 1	HT 9	SI 3	BL 65	KI 1	HC 9	TH 3	GB 41	LV 1
Fire	LU 10	LI 5	ST 41	SP 2	HT 8	SI 5	BL 60	KI 2	HC 8	TH 6	GB 38	LV 2
Earth	LU 9	LI 11	ST 36	SP 3	HT 7	SI 8	BL 54	KI 3	HC 7	TH 10	GB 34	LV 3
Metal	LU 8	LI 1	ST 45	SP 5	HT 4	SI 1	BL 67	KI 7	HC 5	TH 1	GB 44	LV 4
Water	LU 5	LI 2	ST 44	SP 9	HT 3	SI 2	BL 66	KI 10	HC 3	TH 2	GB 43	LV 8
Source	LU 9	LI 4	ST 42	SP 3	HT 7	SI 4	BL 64	KI 3	HC 7	TH 4	GB 40	LV 3
Luo	LU 7	LI 6	ST 40	SP 4	HT 5	SI 7	BL 58	KI 6	HC 6	TH 5	GB 37	LV 5
Accumulation	LU 6	LI 7	ST 34	SP 8	HT 6	SI 6	BL 63	KI 4	HC 4	TH 7	GB 36	LV 6
Alarm	LU 1	ST 25	VC 12	LV 13	VC 14	VC 4	VC 3	GB 25	VC 17	VC 5	GB 24	LV 14
Association	BL 13	BL 25	BL 21	BL 20	BL 15	BL 27	BL 28	BL 23	BL 14	BL 22	BL 19	BL 18
Tonification	LU 9	LI 11	ST 41	SP 2	HT 9	SI 3	BL 67	KI 7	HC 9	TH 3	GB 43	LV 8
Sedation	LU 5	LI 2	ST 45	SP 5	HT 7	SI 8	BL 65	KI 1	HC 7	TH 10	GB 38	LV 2

Luo point for Governing Vessel — GV-1

Luo point for Vessel of Conception — VC-1

POINTS OF ENTRY

LungLU-1
 Large Intestine..... LI-4
 Stomach..... ST-1
 Spleen SP-1
 Heart HT-1
 Small Intestine..... SI-1
 Bladder..... BL-1
 Kidney KI-1
 Heart Constrictor..... HC-1
 Tri Heater..... TH-1
 Gallbladder..... GB-1
 Liver LV-1

POINTS OF EXIT

Lung..... LU-7
 Large Intestine..... LI-20
 Stomach..... ST-42
 Spleen..... SP-21
 Heart..... HT-9
 Small Intestine..... SI-19
 Bladder..... BL-67
 Kidney KI-22
 Heart Constrictor..... HC-8
 Tri Heater..... TH-23
 Gallbladder..... GB-41
 Liver..... LV-14

CHAPTER VII

HOW TO TREAT TO BALANCE CHI WITHIN A MERIDIAN

ABERRATION OF ENERGY

In treating when there is no corresponding excess and deficiency between meridians, it may be helpful to think of the cause of the disorder as a contamination of the meridian by aberrant energy. Classically, the aberration is considered as a blockage, resulting in an excess or deficiency of Chi. However, any noxious stimulation . . . wind, cold, dampness, heat, physical or emotional trauma, etc. . . . may cause an aberration of energy.

LOCAL OR PERIPHERAL TREATMENT

If the aberrant energy is localized in one small area of the meridian, treatment may be applied locally at the closest acupoint. But if the contamination spreads to extend beyond a single acupoint, then treatment should be applied at the peripheral points instead of at the center or focal point.

For example, when a migraine headache is just starting, the contamination may focus at GB-19. If treatment is given immediately, stimulation of GB-19 will usually correct the aberration. If the migraine headache develops untreated, more and more of the Gallbladder meridian becomes contaminated. One hour after the onset of the headache, the peripheral acupoints to be treated might be GB-21 and GB-14. As the headache expands into the frontal area of the head, the contaminated area of the meridian expands so that the peripheral points might then be GB-24 and GB-9. If treatment is not begun until the headache has reached its maximum discomfort, the

entire meridian may be contaminated, in which case the points of choice for treatment would be GB-44 and GB-1. In actual practice you will not often find treatment that simple, as the contamination tends, with the passage of time, to spread to other meridians.

CHRONIC CONDITIONS

It is important to understand that treatment of the peripheral acupoints clears the contamination between the treated points. In chronic conditions the contamination may only recede to a smaller area, rather than dissipating completely. In this case, the acupoints selected for succeeding treatment will be at the new periphery of the smaller area of contamination. Selecting or continuing to use acupoints beyond the contaminated area will not prove nearly as effective as using the points on the periphery, and may fail altogether to produce beneficial results.

Selecting an acupoint within the contaminated area rather than peripheral to it may result in the patient's experiencing, instead of relief, an intensification of symptoms (e.g., headache) during the period of stimulation. This indicates the need to use a more distant acupoint.

TRIAL OF THERAPY

Pain or tenderness along the meridian is an indication of contamination. If pain extends past an acupoint but is not yet evidenced in the next point, the periphery is between two acupoints. In this case only

a trial of therapy will determine whether treating the tender acupoint or the next one down the meridian will produce the best results. Experience in most cases has been that the tender or contaminated acupoint is the choice for treatment. If results are not satisfactory, try the next point along the course of the meridian.

Acupoints within a contaminated area are invariably tender upon pressure. At times the surface of the skin along the entire line of the meridian may be tender or sensitive, but usually you can quickly ascertain the extent of contamination by palpating the acupoints for tenderness.

SPREAD OF CONTAMINATION

Contamination may also start in one meridian then spread to an adjacent meridian rather than extending along the meridian in which the focus exists. This occurs frequently in cases of joint injury and joint pain. For example, the initial pain of a shoulder injury may be in the anterior aspect, with the focus of contamination at LU-1. The contamination may then spread to the Large Intestine meridian, affecting LI-16, and from there to TH-14 or to SI-10. When contamination moves from one meridian to another, it usually stays local. If it has not spread, treat the focal points on all affected meridians.

For example, a classical formula for treating a condition in which pain is

confined to the shoulder area but is present in the anterior, lateral, and posterior aspects would be: LU-1, SI-10, LI-16.

CONTRALATERAL CONTAMINATION

Because of contralateral neurology, some contamination is almost invariably mirrored or reflexed to the contralateral acupoints on the same meridian. The contralateral contamination may, in turn, spread to its adjacent meridian and acupoints, ad infinitum.

TREATMENT CONSIDERATIONS

The following is an outline of treatment considerations when diagnosis does not reveal concomitant excesses and deficiencies between meridians. Remember, always use the fewest possible number of acupoints to achieve the desired effect.

Disequilibrium within meridians

A. Treatment of Disequilibrium within Meridians

Local points

1. Local points are used to treat problems confined to the specific area of that acupoint on the meridian.

Peripheral points

2. Peripheral points, or points above and below, are used for problems confined to one meridian or to one area of a meridian which covers two or more acupoints; e.g., elbow pain.

Anterior and posterior points

3. Anterior and posterior points may be treated simultaneously when the problem is confined to an area with

meridians in both the front and back, such as a shoulder problem that affects the entire shoulder.

Far-away points

4. Far-away points are used when the local point is too sensitive for treatment, or when treatment intensifies the problem.

Chain of points

5. A chain of points is used when the stimulation of one acupoint causes activation of another acupoint. A second stimulus is applied to the referred point, which may in turn radiate to still another acupoint, requiring stimulus there. As long as stimulation of one acupoint radiates to another, this process is continued, sometimes resulting in treatment of a "chain of points."

Source points

6. The Source points are treated when symptoms are associated with organic function. For instance, if meridian diagnosis verifies a Lung meridian disorder when symptoms of a lung condition are present, the Source point on the Lung meridian may be treated.

Associated points

7. Associated points may be treated whenever they are tender. They are, in most cases, preferred points for tonification and sedation because they do not transfer energy as do the Points of Command.

Alarm points

8. Alarm points may be treated when tender, for symptomatic relief. They have a tendency toward tonification, so are usually chosen for treatment in Yin symptoms and diseases, at which time the point will be extremely sensitive to pressure.

Bilateral points

9. Bilateral points. Stimulation is applied bilaterally when bilateral meridians are involved. When needles are used they are placed first in the side opposite the symptoms (contralateral) and next in the affected side.

Contralateral points

10. Contralateral points are used when the problem involves the nervous system (paralysis, neuralgia, neuritis, etc.) or when the points on the affected side are unavailable due to amputation, injury, surgery, etc.

Intersection points

11. Intersection points are used as the most efficient method of treatment when they make it possible to treat two or more meridians with stimulus applied at one acupoint or pair of acupoints. (See chart, page 142.)

Questions and answers

QUESTION: Can I use an intersection point if one of the meridians involved needs tonification and the other needs sedation?

ANSWER: Yes, by using a neutral treatment.

QUESTION: What is a neutral treatment?

ANSWER: A neutral treatment consists of using a moderate intensity and medium length (5 to 8 minutes) of stimulation. This allows the predisposition of the acupoint and the meridian to determine whether the treatment will be one of tonification or sedation and assures beneficial results. However, the degree of response is more limited in a neutral treatment than in one specifically for tonification or sedation, and more treatments may be required to achieve equilibrium.

B. Treatment for Tonification or Sedation

**Tonification
and sedation**

1. Tonification or sedation may be accomplished through the stimulation of any acupoint. A shorter period of stimulation is required for tonification than for sedation.

Associated points

2. Associated points. Our experience has shown that, when tender, the Associated points are the best points to use for tonification or sedation of the affiliated meridian, because of a lesser possibility of reaction or side effects.

Source points

3. The Source points have approximately twice the power to tonify or sedate as the average acupoints.

However, since six of them are also Points of Command, they can effect a transfer of energy between meridians. These effects must be carefully considered before using a Source point for tonification or sedation. Since they are more powerful, results may be quicker, but they are also more likely to produce a reaction or side effect in the patient.

**Accumulation
points**

4. Accumulation (Hsi) points. Accumulation points are the most powerful points on the meridians for purposes of tonification and sedation. They are used primarily for very serious conditions. The exact translation of "Hsi" is "sudden reaction." Accumulation points are also used when the result of using other points has been weak, indicating a need for more powerful effects.

**Tonification and
sedation points**

5. The classification of Tonification and Sedation points is misleading. They are Points of Command which transfer Chi between meridians according to the Sheng Cycle. They are contraindicated for tonification or sedation unless in perfect harmony with the Law of Deficiency.

**Points of
Command**

6. Points of Command may be used for tonification or sedation, but this should be done only after taking into consideration the effects of any

transfer of Chi that may occur if they are stimulated, as indicated by the Five Elements theory.

Medium stimulus

7. In an acupoint with normal predisposition, a medium length and intensity of stimulus should produce equal tonification and sedation effects that will cancel each other out. In this way, acupoints can be used for their special effects without producing an unwanted tonification or sedation.

C. Reflex or Special Effects

Reflex or Special Effects

1. Acupoints may be used solely for their special effects, such as SP-6 for female disorders and ST-36 for gastrointestinal disorder, etc. When acupoints are used in this way, care should be taken not to produce inadvertently either unwanted tonification/sedation or an unwanted transfer of Chi. Since there are several points that have overlapping or duplicated special effects functions, the master acupuncturist will select the appropriate points to avoid unwanted side effects.

Major and Minor Acupoints

2. Major and Minor Acupoints. All acupoints have a local area of control. Some major acupoints have a larger area of control which overlaps and supersedes that of other

acupoints, much as a lieutenant controls the sergeant's troops; e.g., LI-11, SP-6, ST-36, GB-34. These points work like a shotgun compared to a rifle. Since their effects are wider in scope, they may in some cases be contraindicated, especially if the patient has several different conditions. One effect may be contraindicated for other conditions. In this case minor points should be used.

**Symptomatic
Treatment
Associated point**

D. Symptomatic Treatment

1. If the Associated point is tender, treating it will help the patient. If it is not tender, very little effect will be seen.

Alarm point

2. The Alarm point should never be treated unless it is tender, as treatment when not needed often causes adverse reaction.

**Accumulation
point**

3. The Accumulation point is not chosen for treating imbalance either within a meridian or between meridians. It is primarily used for tonification or sedation in patients with very serious conditions, very weak patients, or patients who respond weakly to stimulation of other acupoints. If used in conjunction with other acupoints, it greatly amplifies their effects. Since it is a very powerful (responsive) acupoint, one should remember that it passes

through the phases of stimulation very quickly and therefore has a predisposition toward sedation.

Non-tender point

4. Although the most tender points along the course of the meridian are the most specific for treatment, you may sometimes select a non-tender point or a less tender point in order to take advantage of the various laws of acupuncture. When in doubt, treat the tender points.

Trial of therapy

E. Trial of Therapy

In some patients, multiple symptoms and conditions may obscure the underlying cause in such a way as to make a differential diagnosis difficult or impossible. In such cases, a “working” diagnosis should be adopted and a trial of therapy begun. Careful observation of the patient’s response should quickly guide you to a differential diagnosis.

Series of treatments

F. Series of Treatments

Acu-exhaustion usually occurs before equilibrium has been obtained. For this reason, most patients require a series of treatments.

CHART OF INTERSECTION POINTS

Intersection Point	LU	LI	ST	SP	HT	SI	BL	KI	HC	TH	GB	LV	VC	GV
LU-1	X			X										
LU-7	X												X	
LI-14		X				X	X							
LI-15		X				X								
LI-20		X	X											
ST-1			X				X							X
ST-2			X								X			
ST-3		X	X											
ST-4		X	X										X	
ST-6		X	X											
ST-7			X								X			
ST-8			X								X			
ST-9			X								X			
SP-6				X				X				X		
SP-13				X				X				X		
SI-12		X				X				X	X			
BL-1			X			X	X			X				
BL-10							X							X
BL-11				X		X	X			X	X			
BL-12							X							X
BL-33							X				X	X		
BL-36						X	X							
KI-25								X	X			X		

CHART OF INTERSECTION POINTS

Intersection Point	LU	LI	ST	SP	HT	SI	BL	KI	HC	TH	GB	LV	VC	GV
HC-1									X	X	X	X		
TH-15										X	X			
TH-17										X	X			
TH-20						X				X	X			
TH-22						X				X	X			
GB-1						X				X	X			
GB-3		X	X							X	X			
GB-4		X	X							X	X			
GB-5		X	X							X	X			
GB-6		X	X							X	X			
GB-7							X				X			
GB-8							X				X			
GB-10		X	X							X	X			
GB-11										X	X			
GB-12							X				X			
GB-14		X	X							X	X			
GB-15							X				X			
GB-16							X				X			
GB-17							X				X			
GB-18							X			X	X			
GB-20										X	X			
GB-21			X							X	X			
GB-23							X				X			
GB-24				X							X			
3-30							X				X			
LV-13											X	X		

CHART OF INTERSECTION POINTS

Intersection Point	LU	LI	ST	SP	HT	SI	BL	KI	HC	TH	GB	LV	VC	GV
LV-14				X								X		
VC-1													X	X
VC-2												X	X	
VC-3		X	X	X		X	X	X		X	X	X	X	
VC-4				X				X				X	X	
VC-7					X			X					X	
VC-12			X			X				X			X	
VC-13			X			X							X	
VC-17				X		X		X		X			X	
VC-24		X	X										X	X
GV-1								X			X			X
GV-13							X							X
GV-14		X	X			X	X			X	X			X
GV-16							X							X
GV-17							X							X
GV-20		X	X			X	X			X	X			X
GV-23										X	X			X
GV-24							X							X
GV-26		X	X											X
GV-28			X										X	X

LIST OF SPECIAL EFFECTS ACUPOINTS

ALARM POINTS

Meridian	Alarm Point	Meridian	Alarm Point
Lung	LU- 1	Bladder	VC- 3
Large Intestine	ST-25	Kidney	GB-25
Stomach	VC-12	Heart Constrictor	VC-17
Spleen	LV-13	Tri-Heater	VC- 5
Heart	VC-14	Gallbladder	GB-24
Small Intestine	VC- 4	Liver	LV-14

ASSOCIATED POINTS

Meridian	Associated Point	Meridian	Associated Point
Lung	BL-13	Bladder	BL-28
Large Intestine	BL-25	Kidney	BL-23
Stomach	BL-21	Heart Constrictor	BL-14
Spleen	BL-20	Tri-Heater	BL-22
Heart	BL-15	Gallbladder	BL-19
Small Intestine	BL-27	Liver	BL-18

ACCUMULATION (HSI) POINTS

LU- 6	SP- 8	BL-63	TH- 7
LI- 7	HT- 6	KI- 4	GB-36
ST-34	SI- 6	HC- 4	LV- 6

LIST OF SPECIAL EFFECTS ACUPOINTS

SOURCE POINTS

LU- 9	SP- 3	BL-64	TH- 4
LI- 4	HT- 7	KI- 3	GB-40
ST-42	SI- 4	HC- 7	LV- 3

HORARY POINTS

LU- 8	SP- 3	BL-66	TH- 6
LI- 1	HT- 8	KI-10	GB-41
ST-36	SI- 5	HC- 8	LV- 1

TONIFICATION POINTS

(Tonification points are the element points of the preceding "Mother" element on the Five Elements chart.)

LU- 9	SP- 2	BL-67	TH- 3
LI-11	HT- 9	KI- 7	GB-43
ST-41	SI- 3	HC- 9	LV- 8

SEDATION POINTS

(Sedation points are the element points of the ensuing "Child" element on the Five Elements chart.)

LU- 5	SP- 5	BL-65	TH-10
LI- 2	HT- 7	KI- 1	GB-38
ST-45	SI- 8	HC- 7	LV- 2

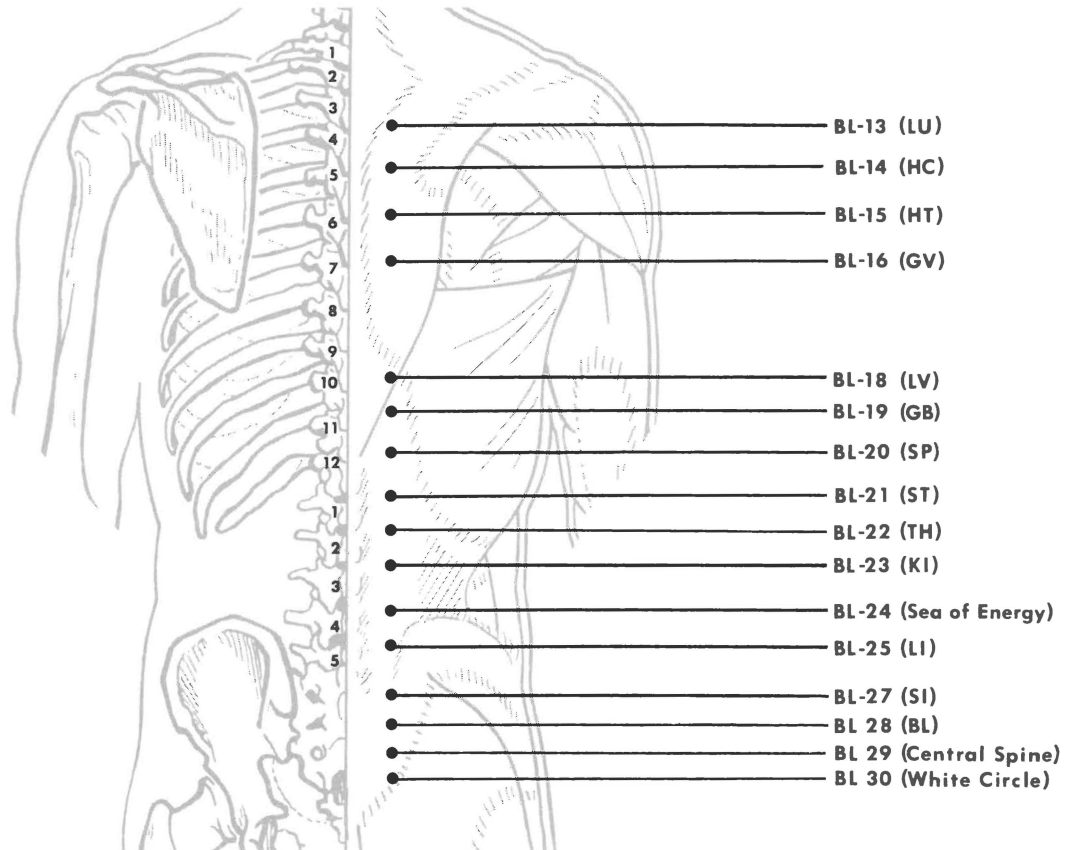
LOCATION OF ASSOCIATED POINTS

(Reflex Points for Meridians)

Spontaneous pain at any point indicates disorder at that particular Meridian.

Tenderness elicited by palpation with light pressure indicates the meridian is deficient in Chi.

Tenderness on heavy pressure indicates an excess of Chi.



MERIDIAN

ASSOCIATED POINT

LOCATION 2 Pouce from Median line

LU	BL 13	Between T3 - T4
HC	BL 14	Between T4 - T5
HT	BL 15	Between T5 - T6
GV	BL 16	Between T7 - T8
LV	BL 18	Between T9 - T10
GB	BL 19	Between T10 - T11
SP	BL 20	Between T11 - T12
ST	BL 21	Between T12 - L1
TH	BL 22	Between L1 - L2
KI	BL 23	Between L2 - L3
LI	BL 25	Between L4 - L5
SI	BL 27	At level of foramen S1
BL	BL 28	At level of foramen S2

EXTRA ASSOCIATED POINTS

Diaphragm	BL 17	Between T8 - T9
Sea of Energy (upper lumbar)	BL 24	Between L4 - L5
Gate Origin (lower lumbar)	BL 26	Between L5 - S1
Central Spine (sacrum)	BL 29	At level of foramen S3
White Circle (anus)	BL 30	At level of foramen S4

(KI 27, "Home of Associated Points," is the Associated point for all the Associated points.)

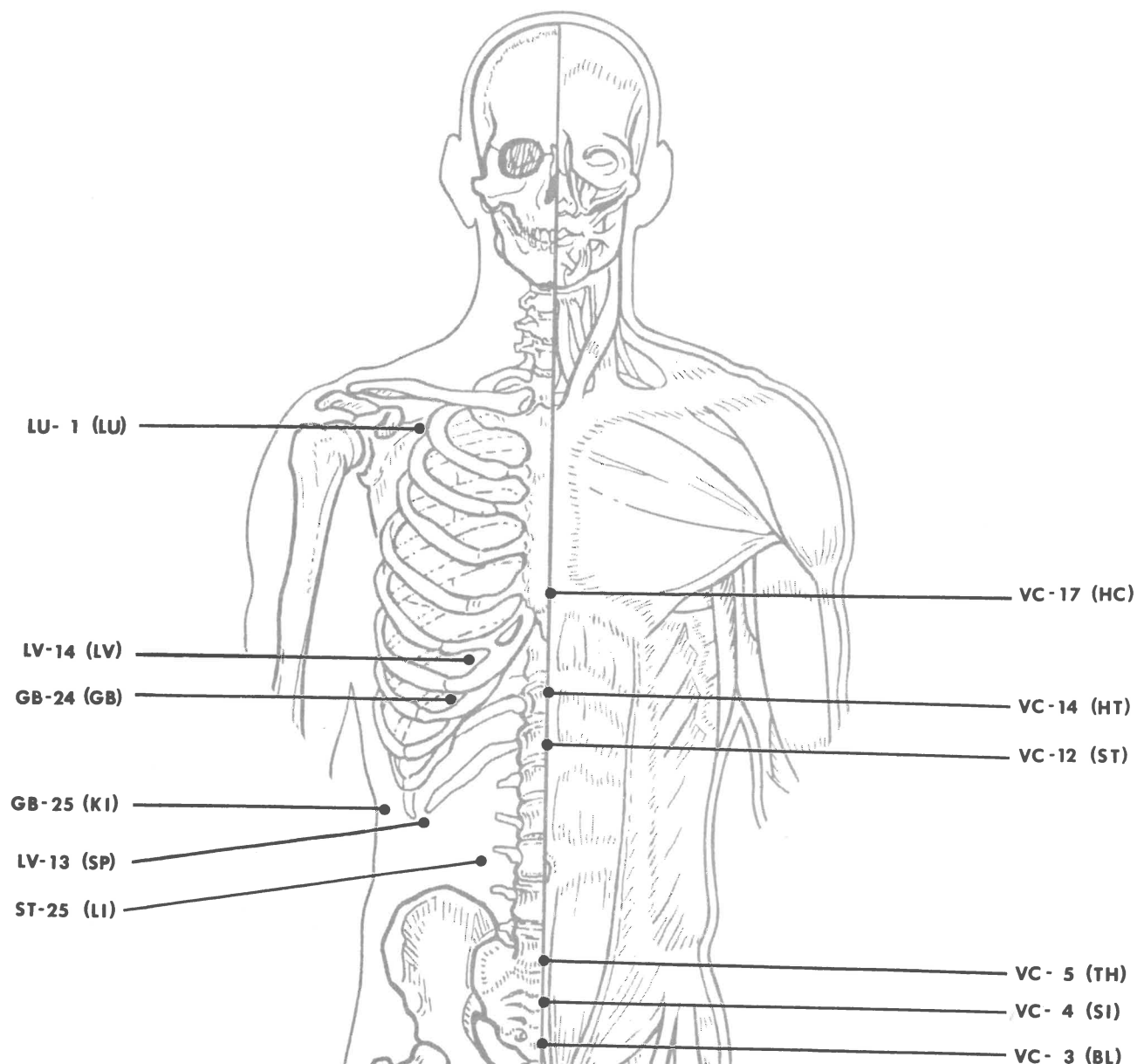
LOCATION OF ALARM POINTS

(Reflex Points for Meridians)

Spontaneous pain at any point indicates disorder of the affiliated meridian.

Tenderness elicited by palpation with light pressure indicates the meridian is deficient in Chi.

Tenderness on heavy pressure indicates an excess of Chi.



ALARM POINTS

Lung — LU- 1
Large Intestine — ST-25
Stomach — VC-12
Spleen — LV-13

Heart — VC-14
Small Intestine — VC- 4
Bladder — VC- 3
Kidney — GB-25

Heart Constrictor — VC-17
Tri-Heater — VC- 5
Gall Bladder — GB-24
Liver — LV-14

CHAPTER VIII

HOW TO TREAT TO BALANCE CHI BETWEEN MERIDIANS

THE FIVE ELEMENTS METHOD OF TREATMENT

According to traditional acupuncture philosophy, disease is caused by an imbalance of Chi levels within or between meridians. Health can be restored and maintained by normalizing and balancing these levels. The Five Elements method is concerned with normalizing and balancing the Chi levels between meridians rather than within a meridian.

CONCOMITANT EXCESS AND DEFICIENCY

The Five Elements method of treatment is indicated when the imbalance which occurs is one of concomitant (corresponding) excesses and deficiencies. According to the Five Elements Theory, energy (Chi) is “transferred” from one meridian to the other by “opening the channel” between two meridians, one of which has a deficiency or excess relative to the other. Some modernists believe there is no true transfer of energy, but that the Five Elements Chart is a schematic guide to the interactions between organs and meridians which occur as a result of stimulation.

PRECAUTION

According to the Law of Deficiency, the energy always flows from a relative excess toward a relative deficiency. If the channel is opened between two meridians having identical Chi levels, no transfer takes place. Therefore, it is important that the channel should never be opened between an abnormal (excess or deficient) meridian and a normal meridian, except when a normal meridian is used as an intermediary in transfer. Otherwise, symptoms may change and the patient apparently

improve; but in the long run only harm can result. Unknowing practitioners can conceivably keep transferring the energy around from meridian to meridian and temporarily “help the patient,” but the patient can never regain his health. He can only trade one disease for another.

EQUALIZE CHI LEVELS

The Five Elements Theory and chart are utilized to determine how to **equalize** an imbalance of the Chi levels among any of the 12 bilateral meridians, by stimulating specific Points of Command.

TWO EFFECTS

Remember that when a Point of Command is stimulated, one of two effects may take place; (1) a direct effect only in the meridian upon which the Point of Command is located; (2) an indirect effect predominantly in the meridian with which the Point of Command is affiliated according to the Five Elements theory. Homeostasis and the Law of Deficiency govern which effect occurs.

CONTRAINDICATION

The Five Elements method should be used **only** when there is a concomitant excess and deficiency. If there is a total quantitative excess or deficiency of any of the meridians without a corresponding deficiency or excess, this method (Five Elements) of acupuncture treatment is contraindicated.

Diagram 1 shows all meridians in a normal state, with no excess or deficiency.

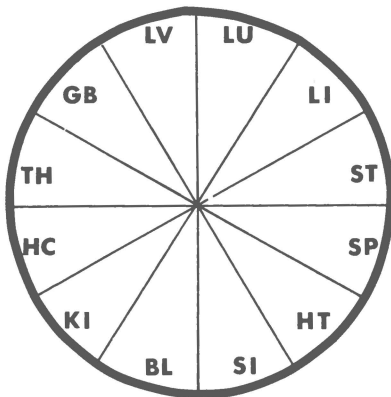


Diagram 1
Normal

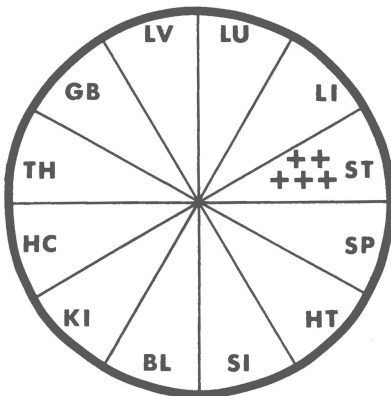


Diagram 2
Excess only

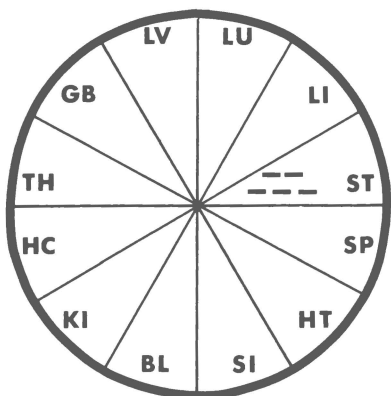


Diagram 3
Deficiency only

Diagram 2 shows all meridians normal except **Stomach**, which has a plus-five excess according to the pulse evaluation. We can easily see that if this excess is transferred to any of the normal meridians, this would make them abnormal by creating an excess Chi level there. Although transferring the excess might change the symptoms, the underlying cause (excess Chi) would still exist. This type of acupuncture problem (Diagram 2) may be treated by direct sedation of the meridian or by elimination of the stimulus causing the excess to develop. The latter method would allow the excess to dissipate gradually. A condition of excess without a corresponding deficiency is usually caused by repeated or continual stimulation or stress. In the Stomach meridian, for instance, the cause may be:

1. Physical (habitual use of hot or spicy foods).
2. Mental (worry).
3. Emotional (frustration, anger, etc.).

Our next example (Diagram 3) shows a deficiency in one meridian only, without a corresponding excess in any other meridian. Remember, the Five Elements theory and practice of treatment is indicated only when corresponding excess and deficiency states are present between meridians. So here again, the Five Elements treatment is contraindicated because the equalizing techniques of this method could only result

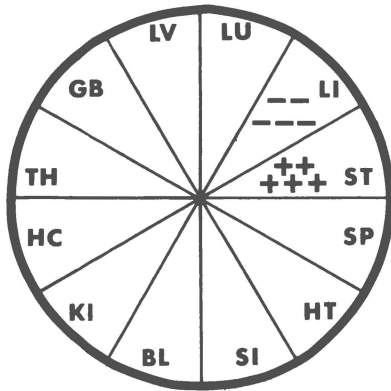


Diagram 4
Excess and deficiency

in transferring or dispersing the deficiency state to other meridians. Again, this might give symptomatic relief but would eventually lead to the development of new symptoms and conditions. A clinical picture like that in Diagram 3 (determined by pulse evaluation) could be treated by tonification techniques on the meridian involved. However, results would, in most cases, be temporary unless the underlying cause of the deficiency state is corrected. The underlying cause of a deficiency state of this type can usually be traced to suppressed functions: starvation, vitamin deficiency, inadequate exercise, respiratory obstruction or malfunction, anemia, or pathologies affecting function.

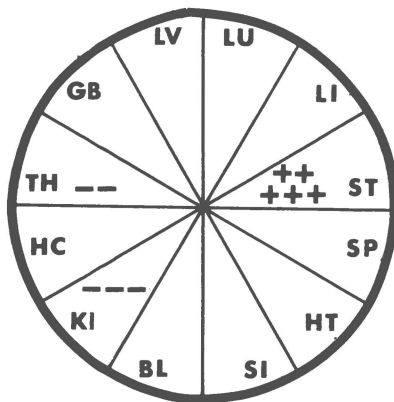


Diagram 5
Excess and deficiency

Diagram 4 shows a plus-five excess in the Stomach meridian and a minus-five deficiency in the Large Intestine meridian. Applying the Five Elements Theory and using the chart, the excess from the Stomach meridian could be transferred directly by the Sheng cycle to the Large Intestine meridian to correct its deficiency, and the result would be a balance of Chi in all meridians.

In Diagram 5, pulse evaluation has indicated a plus-five excess in the Stomach meridian, a minus-two deficiency in the Tri-Heater meridian, and a minus-three deficiency in the Kidney meridian.

TRANSFER EXCESS

For quick symptomatic results, first move the excess to the meridian expressing the greatest deficiency, in this case Kidney, via the Ko cycle. Caution must be taken, however, to keep from producing an excess in both the Stomach and Kidney meridians and still leave a deficiency in the Tri-Heater meridian. Further treatment (double Ko cycle) is necessary to move the remaining excess to the Tri-Heater meridian and establish equilibrium.

TYPES OF DISEQUILIBRIUM

In its simplest form, a disequilibrium of Chi may exist between (1) excess Mother and deficient Child (Sheng Cycle); (2) excess Master and deficient Servant (Ko Cycle); (3) excess Child and deficient Mother (double Ko Cycle); (4) excess Servant and deficient Master (combination of Sheng and Ko Cycles); coupled meridians (Luo Cycle).

Once the exact nature of the disequilibrium has been determined (by differential diagnosis of meridian imbalance), then one of the following formulae may be used to equalize the Chi level of the meridians.

STEPS OF CYCLES

As you study the steps of the different cycles, it is recommended that you follow the actions on the Five Elements chart on page 156. You will soon see how the cycles may be applied to any state of disequilibrium between meridians.

MERIDIANS OF FIRE ELEMENT

Following the steps of these cycles appears to be complicated by the fact that the element Fire has been assigned four meridians instead of two. The Heart and Small Intestine are associated with organs and functions; the Heart Constrictor and Tri-Heater are associated with functions only. In classical acupuncture philosophy, the Heart meridian is considered the Emperor who may be approached through but has dominion over the Prime Minister, the Heart Constrictor meridian. The Small Intestine meridian has a similar relationship with the Tri-Heater meridian, to which it is considered superior.

For all practical purposes in using the Five Elements theory and in treating by the various methods of the Sheng and Ko Cycles, the Heart and Heart Constrictor meridians are considered as one entity on the Yin ring; the Small Intestine and Tri-Heater meridians are considered as one entity on the Yang ring.

This consideration does not extend to the Luo Cycle, as each meridian has its own Luo point; nor does it apply in treating by any method other than the Sheng and Ko Cycles.

TRADITIONAL VS. MODERNIST

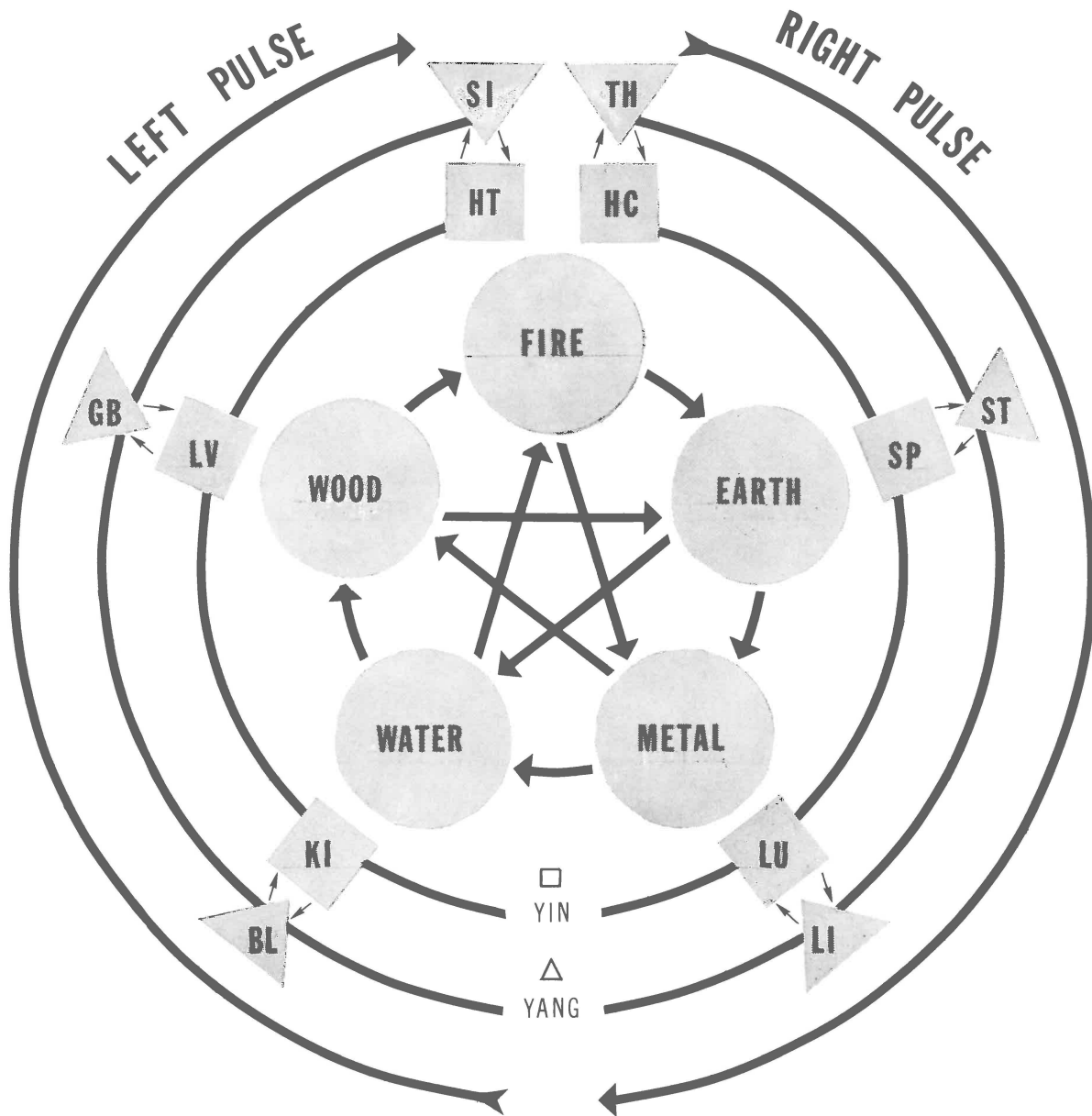
Traditional acupuncture literature warns against direct sedation of the Heart meridian. However, most practitioners today occasionally do so.

Traditional acupuncture literature warns against using a reverse, counter-clockwise Ko Cycle; but some practitioners today occasionally do so with good results.

Traditional acupuncture literature recommends always treating the deficient meridian, but many modern practitioners also treat the excess meridian.

Bear in mind, however, that the practitioners who violate the ancient traditions customarily do so only after results from trying the traditional method have been unsatisfactory. Beginners in acupuncture often use “shotgun” techniques; that is, using all the possible points, hoping that “something” will work. Although frowned upon by the more skilled and experienced practitioners, “shotgun” methods do get surprisingly good results, and even the best practitioners occasionally use them when more specific treatment procedure fails.

FIVE ELEMENTS CHART



Sheng, Ko, Luo Cycles

SHENG CYCLE

1. How to use the Sheng Cycle
 - (a) The Sheng Cycle applies only to the transfer of energy to a deficient meridian from its Mother on the Five Elements chart.
 - (b) Traditionalists always treat the deficient meridian.
 - (c) Stimulate the acupoint on the deficient meridian that corresponds to the element of the excess meridian. Example: If the Lung is deficient and the Spleen is in excess, stimulate (tonify) the deficient meridian (Lung) at its Earth point (LU-9).
 - (d) This formula holds regardless of whether both meridians involved appear on the inner (Yin) ring on the chart, both on the outer (Yang) ring, or one on each ring.

POINTS OF COMMAND—

SHENG CYCLE

DEFICIENT MERIDIAN	TONIFY
Lung	LU- 9
Large Intestine	LI-11
Stomach	ST-41
Spleen	SP- 2
Heart	HT- 9
Small Intestine	SI- 3
Bladder	BL-67
Kidney	KI- 7
Heart Constrictor	HC- 9
Tri-Heater	TH- 3
Gallbladder	GB-43
Liver	LV- 8

Some authorities recommend treating the excess meridian on the Sheng Cycle, in which case the following points are used:

EXCESS MERIDIAN	SEDATE
Lung	LU- 5
Large Intestine	LI- 2
Stomach	ST-45
Spleen	SP- 5
Heart	HT- 7
Small Intestine	SI- 8
Bladder	BL-65
Kidney	KI- 1
Heart Constrictor	HC- 7
Tri-Heater	TH-10
Gallbladder	GB-38
Liver	LV- 2

Some authorities recommend using both points simultaneously. This is a “shotgun” technique.

KO CYCLE

2. How to use the Ko Cycle

- (a) The Ko Cycle applies only to the transfer of energy to a deficient meridian from its Master.
- (b) If one of the meridians involved is on the inner (Yin) ring of the chart, and the other is on the outer (Yang) ring, stimulate (sedate) the acupoint on the deficient meridian that corresponds to the element of the excess meridian. Example: If the Kidney is deficient and the Stomach is in excess, sedate the deficient meridian (Kidney) at the Earth point (KI-3).

POINTS OF COMMAND -- KO CYCLE	
DEFICIENT MERIDIAN	SEDATE
Lung	LU-10
Large Intestine	LI- 5
Stomach	ST-43
Spleen	SP- 1
Heart	HT- 3
Small Intestine	SI- 2
Bladder	BL-54
Kidney	KI- 3
Heart Constrictor	HC- 3
Tri-Heater	TH- 2
Gallbladder	GB-44
Liver	LV- 4

- (c) Some authorities say that a direct transfer cannot take place from Master to Servant if both meridians are Yin, or if both are Yang; other authorities disagree. Example: Kidney meridian is deficient, Spleen meridian is in excess. Our experience has been that the Law of Deficiency will sometimes intervene to make such a direct transfer possible. Therefore, sedate the Kidney meridian at its Earth point (KI-3). If a direct transfer does not take place, then stimulate (open) the Luo point on the Stomach meridian (ST-40), to draw the excess energy from the Spleen to the Stomach, thence to the deficient Kidney through its Earth point.

LUO POINTS

MERIDIAN	Luo Point
Lung	LU- 7
Large Intestine	LI- 6
Stomach	ST-40
Spleen	SP- 4
Heart	HT- 5
Small Intestine	SI- 7
Bladder	BL-58
Kidney	KI- 6
Heart Constrictor	HC- 6
Tri-Heater	TH- 5
Gallbladder	GB-37
Liver	LV- 5

DOUBLE KO CYCLE

3. How to use the Double Ko Cycle
 - (a) The Double Ko Cycle applies only to the clockwise transfer of energy to a deficient meridian when the excess meridian is its Child. This must be an indirect transfer through an intermediary meridian.
 - (b) Always treat the deficient meridian. Example: Spleen deficient, Lung excess. First sedate the Wood point on the Spleen meridian (SP-1) to transfer energy from the Gallbladder (which is normal) to the deficient Spleen. This creates a deficiency in the Gallbladder meridian which is then corrected by sedating the Metal point on the Gallbladder meridian (GB-44) to draw the excess from the Lung.

POINTS OF COMMAND — DOUBLE KO CYCLE

Deficient Meridian	Excess Meridian	Sedate	Open Luo Point
Lung	Kidney	LU-10, TH- 2	
Lung	Bladder	LU-10, HC- 3	TH- 5
Large Intestine	Bladder	LI- 5, HC- 3	
Large Intestine	Kidney	LI- 5, TH- 2	HC- 6
Stomach	Large Intestine	ST-43, LV- 4	
Stomach	Lung	ST-43, GB-44	LV- 5
Spleen	Lung	SP- 1, GB-44	
Spleen	Large Intestine	SP- 1, LV- 4	GB-37
Heart	Spleen	HT- 3, BL-54	
Heart	Stomach	HT- 3, KI- 3	BL-58
Small Intestine	Stomach	SI- 2, KI- 3	
Small Intestine	Spleen	SI- 2, BL-54	KI- 6
Bladder	Gallbladder	BL-54, SP- 1	
Bladder	Liver	BL-54, ST-43	SP- 4
Kidney	Liver	KI- 3, ST-43	
Kidney	Gallbladder	KI- 3, SP- 1	ST-40
Heart Constrictor	Spleen	HC- 3, BL-54	
Heart Constrictor	Stomach	HC- 3, KI- 3	BL-58
Tri-Heater	Stomach	TH- 2, KI- 3	
Tri-Heater	Spleen	TH- 2, BL-54	KI- 6
Gallbladder	Small Intestine	GB-44, LU-10	
Gallbladder	Heart	GB-44, LI- 5	LU- 7
Gallbladder	Tri-Heater	GB-44, LU-10	
Gallbladder	Heart Constrictor	GB-44, LI- 5	LU- 7
Liver	Heart	LV- 4, LI- 5	
Liver	Small Intestine	LV- 4, LU-10	LI- 6
Liver	Heart Constrictor	LV- 4, LI- 5	
Liver	Tri-Heater	LV- 4, LU-10	LI- 6

COMBINATION SHENG AND KO CYCLES

4. How to use a combination of Sheng and Ko' Cycles
 - (a) The combination of Sheng and Ko Cycles is used only in a clockwise transfer of energy to a deficient meridian from its Servant.
 - (b) Example 1: Lung is deficient, Gallbladder is in excess. Simultaneously stimulate (tonify) the deficient Lung meridian at its Earth point (LU-9), and sedate the Spleen meridian at its Wood point (SP-1) to draw the excess energy from the Gallbladder meridian through the Spleen meridian to the Lung.
 - (c) Example 2: Lung is deficient, Liver is excess. Again you will stimulate (tonify) the deficient Lung meridian at its Earth point (LU-9), but instead of using the Spleen meridian, stimulate (sedate) the Wood point on the Stomach meridian (ST-43). This usually eliminates the need to open the Luo point.

OTHER COMBINATIONS

The examples given here of uses of the Sheng, Ko, Double Ko, and combination Sheng and Ko Cycles are only a few of an infinite number of possible combinations.

Traditionally, any combination or number of combinations is acceptable as long as the transfer proceeds in a clockwise direction, and from an excess to a deficiency. However, some modern acupuncturists report good results with counter-clockwise treatments.

UNDERSTANDING THE KO CYCLE

Western-trained physicians recognize the physiological interdependence of organs and their functions. For example, in a hypothetical case, a liver damaged by excess alcohol may harm the spleen (pancreas), which may in turn lead to kidney disease, which may lead to high blood pressure, which may then lead to cardiovascular disease, which may then become congestive heart failure, filling the lungs. Of course, this is an extreme example of what could occur in an untreated, chronic case. Usually, however, the patient will seek treatment by the time secondary or tertiary conditions have appeared.

The physicians of ancient China also recognized this interdependence, and it led to the Oriental concept that the kidneys have the power to harm the heart, the heart has the power to harm the lungs, the lungs have the power to harm the liver, the liver has the power to harm the spleen, and the spleen has the power to harm the kidneys.

Chain reaction

Awareness of this chain reaction disease process prompted the Orientals to call this aspect of the inter-affiliation of meridians the Ko Cycle or the “destructive cycle,” or sometimes the “control cycle” or the “cycle of inhibition.”

The Ko Cycle is traditionally an important consideration in seeking the precipitating cause of disease and in planning corrective treatment. The Orientals realized that treating the heart could help the lungs; correcting the kidney disease could help the heart trouble; restoring the function of the spleen could help the kidney disease; treating the liver could help the spleen; and taking alcohol from the patient could help prevent the cycle from starting all over again.

**Clockwise
direction**

This forward or clockwise direction, following the arrows on the Ko Cycle chart, is the traditional treatment method. In fact, many authorities state that in treatment the Ko Cycle should never be used in a backward or counterclockwise direction. However, it has been brought to our attention that a few modern practitioners sometimes use a reverse cycle quite effectively, usually after they have failed to produce satisfactory results with the forward cycle.

We believe the explanation for these exceptions to the rule is in the Law of Deficiency and in the fact that any change in the Chi level of one meridian will affect, in varying degrees, all of the other meridians.

**Reverse
direction**

For example, if Chi levels are normal in the Fire and Metal meridians, each balances the other. But if the Heart meridian is in excess, the tendency is for

Fire symptoms to be expressed in its clockwise Ko Cycle counterpart, a Metal meridian -- Lung or Large Intestine. However, if there is a greater deficiency in a Water meridian (Kidney or Bladder) than in the Metal meridians, the Law of Deficiency may intervene. Then the excess Fire element could be expressed backward in the cycle, causing Fire symptoms in a Water meridian. In a case of this type, the treatment cycle could follow the disease pattern, and a reverse Ko Cycle treatment could prove effective.

**Question
and answer**

Question: When you treat the deficient meridian by the Five Elements theory, why do you tonify on the Sheng Cycle but sedate on the Ko Cycle?

Answer: Any two meridians on the Ko Cycle (Master-Servant) have a physiologically reciprocal relationship: like the two ends of a see-saw, when one goes up, the other goes down. When treating on the Ko Cycle, the Point of Command is treated as an extra point on the affiliated meridian, rather than as a point on its own meridian. That is, the Fire point on a Metal meridian is sedated in order to sedate the excess Fire meridian and tonify the deficient Metal meridian.

LUO CYCLE

5. How to use the Luo Cycle

- (a) When the energy of two meridians assigned to the same element (coupled meridians) is unequal, their energy levels can be balanced by stimulating the deficient meridian at its Luo point. Example: Spleen is deficient, Stomach is in excess. Stimulate (tonify) the Luo point of the deficient Spleen meridian (SP-4).
- (b) The Luo point may also be used to equalize energy between the two halves of a bilateral meridian. Example: The right side of the Heart Constrictor meridian is deficient, the left side is in excess. Stimulate (tonify) the Luo point on the right side only (HC-6).
- (c) The Luo point may be used to equalize energy between diametrically opposite meridians on the Horary Cycle. Example: Bladder meridian is deficient, Lung is in excess. Stimulate (tonify) the Luo point on the Bladder meridian (BL-58).

NOTE: Many authorities advocate the use of the Luo point on either the deficient or the excess meridian as a means of correcting an imbalance between coupled meridians. However, treating the excess meridian is contraindicated in most cases because the Law of Deficiency may intervene and cause the excess energy to be transferred to the Midnight-Midday meridian (page 61), since it, even at its normal level of Chi, usually would be deficient relative to the excess meridian. Because of the possibility of similar "side effects," treating the Points of Command as well as the Luo points on the deficient meridian is a more dependable technique than using the Points of Command on the excess meridian.

**TREATMENT
CONSIDERATIONS**

Remember the primary rule of acupuncture treatment: Stimulate only the minimum number of acupoints needed to obtain the desired results.

Most treatment plans will be based on a series of treatments, because of the acu-exhaustion factor. Also, it is usually advisable to schedule six to twelve consecutive treatments, interrupt treatment for a week or so, then schedule another series. This is especially true when using needles, as tissue trauma may occur if the same acupoint is used over and over again.

Unless this plan is followed, the doctor may think maximum improvement has been realized, when actually a change of acupoints or interruption and resumption of treatment can result in further response.

SEMINAR OF ACUPUNCTURE

LIST OF POINTS OF COMMAND

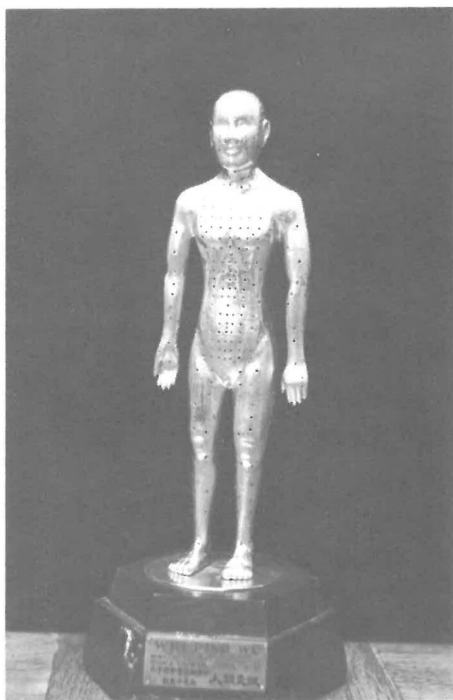
ELEMENT POINTS

WOOD	FIRE	EARTH	METAL	WATER
LU-11	LU-10	LU- 9	LU- 8	LU- 5
LI- 3	LI- 5	LI-11	LI- 1	LI- 2
ST-43	ST-41	ST-36	ST-45	ST-44
SP- 1	SP- 2	SP- 3	SP- 5	SP- 9
HT- 9	HT- 8	HT- 7	HT- 4	HT- 3
SI- 3	SI- 5	SI- 8	SI- 1	SI- 2
BL-65	BL-60	BL-54	BL-67	BL-66
KI- 1	KI- 2	KI- 3	KI- 7	KI-10
HC- 9	HC- 8	HC- 7	HC- 5	HC- 3
TH- 3	TH- 6	TH-10	TH- 1	TH- 2
GB-41	GB-38	GB-34	GB-44	GB-43
LV- 1	LV- 2	LV- 3	LV- 4	LV- 8

LUO POINTS

LU- 7	SP- 4	BL-58	TH- 5	VC- 1
LI- 6	HT- 5	KI- 6	GB-37	GV- 1
ST-40	SI- 7	HC- 6	LV- 5	

QUESTIONS AND ANSWERS



QUESTION: With more than a thousand acupoints, how do even the masters learn and remember all the possible combinations?

ANSWER: They don't. In addition to keeping a model, an "acupuncture doll," at hand for checking the locations of acupoints, acupuncturists literally line the walls of their treatment rooms with acupuncture charts to which they refer. Many keep acupuncture reference material on their desks and refer to it during treatment, in much the same way physicians habitually refer to the Merck Manual.

QUESTION: Is it best to treat symptomatically by formula or according to the Laws of Acupuncture?

ANSWER: Although the final cure will come from treating according to the laws to restore equilibrium, sometimes the physician must treat symptomatically first. Numerous or severe symptoms can make a differentiation between primary and secondary conditions impossible.

In these cases, always treat the deficiencies first, before treating excesses.

Treat the most tender acupoints first --

the most serious and painful symptoms first -- as these may be distorting the pulses.

QUESTION: What should I do if treatment has the reverse effect of what I expect . . . for instance, diagnosis has indicated a deficiency, but treatment for deficiency has aggravated the condition?

ANSWER: The final verification of correct diagnosis and treatment is improvement in the patient. Try reversing the treatment to one for excess. If this brings about the desired results, then obviously you should change the diagnosis. If reversing the treatment still does not produce the desired results, then check all the treatment factors (duration, intensity, point selection, etc.) for possible revisions. Do not continue treatment that causes adverse reaction of the symptoms or conditions for which the patient is being treated.

QUESTION: Of the many methods of stimulation available, which is best -- acupuncture, acupressure, or another kind of acuthery?

ANSWER: Only time will determine whether one form of stimulus is better than another. Needle therapy has thousands of years of experience to recommend it, but the more modern

methods appear to work equally well in many cases.

Naturally, in cases in which tissue damage from needles might be excessive (such as diabetes, severe anemia, or advanced peripheral vascular disease), the doctor would elect to use another form of stimulus, perhaps ultra-sound. Traditionally, needles have been contraindicated for small children, elderly persons, and very weak patients. For them, acupressure and moxibustion have been the method of choice. But for persons with capillary fragility, acupressure is contraindicated. Considerations such as these, combined with results obtained, will be the deciding factors in the physician's choice of method of stimulation. If one method fails to produce the expected results, try another.

We have had the opportunity to learn and use all major methods and systems of meridian therapy, including the Chinese, Japanese, European, and the newly-emerging American systems. We have found that all succeed in some cases, and all fail in some cases. You will find that familiarizing yourself with as many methods as possible will prove highly advantageous in practice.

QUESTION: Is it true, as some authors intimate, that regardless of the type or intensity of the stimulus applied, the results will be beneficial?

ANSWER: We have found that any stimulation of the acupoints tends to be beneficial. This is true because normal acupoints tend to resist stimulation, due to a relatively high threshold, while abnormal acupoints tend to respond to stimulation due to a lowered threshold. Also the predisposition of the point tends to convert the stimulus either to tonification or sedation, whichever is needed. However, it would be a mistake not to realize that other factors are also involved, and a specific treatment will be more likely to be effective.

QUESTION: Does stimulating the Alarm and Associated points affect only their affiliated meridians, or does it also affect the meridians on which they are located?

ANSWER: Both. Whether the effect of stimulation is local, direct for meridians on which they are located, or semi-direct for their affiliated meridians, depends on the Law of Deficiency.

QUESTION: I have read that many patients feel strange sensations during and after acupuncture treatment.

What are they and what do they signify?

ANSWER: Patients often experience sensations during and after acupuncture treatment, and the sensations are varied.

A few typical responses described by patients are: tiredness, heaviness, pressure, tingling, fatigue, weakness, exhilaration, energizing, well-being, etc. One very common response is that the patient continues to feel a sensation or tingling as if the acupoint were still being treated, sometimes for hours or even days following a treatment.

We feel that most responses are a good sign, with the exception of an increase or worsening of the symptoms or complaints for which the patient is being treated. DO NOT CONTINUE TREATMENT IF THE PATIENT GETS WORSE.

QUESTION: Is it true, as has been suggested, that the only results or responses obtained with acupuncture are of a hypnotic or psychosomatic nature?

ANSWER: Certainly some psychosomatic effects result from acupuncture, as from any form of therapy. However, extensive experiments on horses, dogs,

and cats, as well as successful use of acupuncture in veterinary medicine, are strong indications that suggestion plays a relatively small part in results from acupuncture treatment.

QUESTION: To what extent does chronicity affect the degree of acupoint tenderness?

ANSWER: Acupoint tenderness may either increase or decrease as conditions become chronic. Acupoints on the Lung meridian could become more tender with time in the case of a chronic cough, for instance. In other chronic conditions, such as nerve deafness, no tenderness at all may appear in the local acupoints, yet stimulation of those acupoints will produce excellent results.

SUMMARY OF ACUPUNCTURE TREATMENT

Anatomical and physiological aspects

We find that the Western mind understands acupuncture treatment more easily if the meridians are thought of as having both an anatomical and a physiological aspect: anatomical in the sense that the acupoints of a meridian follow a course and are confined to a particular anatomical area; physiological in the sense that certain acupoints on each meridian (the Points of Command) are physiologically related to other meridians and their areas of influence.

**Direct, semi-direct,
indirect treatment**

It also helps to think of treatment as being either direct, semi-direct, indirect, or a combination of these.

(1) **Direct treatment** consists of stimulating acupoints located on the meridian needing treatment, for the purpose of affecting only that meridian and the functions with which it is affiliated.

(2) **Semi-direct treatment** consists of stimulating the Alarm point, the Associated point, or both, for the purpose of affecting the affiliated meridian and its area of influence.

(3) **Indirect treatment** consists of stimulating one or more of the affiliated Points of Command on other meridians to affect the meridian requiring treatment.

Direct acupoints

For example, anatomically the Heart meridian has nine acupoints. Any of these nine acupoints may be stimulated for **direct treatment** effects on the Heart meridian.

Semi-direct acupoints

The Heart meridian also has two other acupoints, the Alarm point (VC-14) and the Associated point (BL-15), which are treated as though they were located directly on the Heart meridian. This stimulation of anatomically remote acupoints is called **semi-direct treatment** because it affects only the affiliated meridian, not the physiological balance between meridians.

Indirect acupoints

In addition, the Fire points on the eleven other bilateral meridians may be used for correction of the Heart meridian and its physiological interrelationship with the other meridians. This is called **indirect treatment**.

The Heart meridian, then, has nine **direct** acupoints, two **semi-direct** acupoints, and eleven **indirect** acupoints that can be used for treatment of the Heart meridian and its functions. All the meridians have two extra semi-direct acupoints and eleven extra indirect acupoints, in addition to the acupoints located on the meridian.

Treatment situations

From a practical standpoint, as a physician using acupuncture treatment, you will tend to encounter a limited number of situations in practice.

Situation 1

Situation No. 1. The patient experiences symptoms involving only one meridian. In this instance, you may choose to use the **direct** treatment method of stimulating the appropriate acupoints, usually the tender acupoints on that meridian; or the **semi-direct** treatment method of stimulating the meridian's Associated point, Alarm point, or both, if they are tender.

Situation 2

Situation No. 2. The patient has a condition involving several meridians but limited to one area, such as a shoulder problem or a knee injury. In this instance **direct** treatment is indicated. Simply

stimulate all the tender acupoints in the vicinity of the complaint.

Situation 3

Situation No. 3. The patient's complaint is confined to one meridian but is expressing symptoms with the propensities of the element of another meridian. An example of this is bladder inflammation. Here the problem is confined to the Bladder meridian, but the fact that there is inflammation indicates that the Fire element is involved. In this case the treatment is not only directly to the meridian involved (the Bladder meridian), using the tender acupoints, but indirectly to the Fire meridian by using an additional acupoint, the Fire point on the Bladder meridian. This example illustrates an excess of the Fire element in the Bladder meridian.

Situation 4

Situation No. 4. The patient's symptoms involve the physiological interaction of two or more meridians. For example: Kidney disease may cause (via high blood pressure) cardiovascular disease, and vice versa. In this case, there is a choice of treating the heart trouble **directly** on the heart meridian and the kidney trouble **indirectly** by using the Water point on the Heart meridian; or treating the kidney problem **directly** by using the Kidney meridian acupoints and the heart trouble **indirectly** by stimulating the Fire point on the Kidney meridian; or treating both the Heart meridian and the Kidney meridian **directly**. As a general rule, the physician should endeavor to determine which is the

primary condition, kidney trouble or heart trouble, and treat the primary condition on its own meridian and the secondary condition via the Element point on the primary meridian.

These four situations comprise more than 90% of all practice situations, but they seldom present themselves in such clearcut fashion. Most patients have numerous complaints which must be analyzed and evaluated to determine which are primary and which are secondary or interrelated. But if the physician can categorize the symptoms into one of the four situations above, the treatment becomes simple and routine.

CASE HISTORIES

Case histories seldom make good teaching material, since the variables in people and their symptoms can result in an infinite number of combinations of conditions. However, we have chosen a few actual cases to illustrate the fundamentals. These cases involve patients who exhibited only one or two major symptoms.

Case history	Patient:	Male
	Age:	53 years
	Condition:	Complete loss of hearing in left ear
	Duration:	25 years

The patient's condition had been diagnosed as nerve deafness. Needles were used to stimulate the local acupoints, a "ring of points" around the ear: TH-21, TH-20, TH-19, TH-18, and SI-19. Some improvement in hearing was noted after two treatments. After daily treatments for one week, the patient could hear a watch ticking and voices on the telephone with his left ear.

Three months after termination of treatment, the patient reports "almost normal" hearing.

Case history

Patient: Female

Age: 50 years

Condition: Severe residual pain in chest, particularly in area of scar tissue from mastectomy.

Duration: 3 years

Local points on the Kidney and Stomach meridians in the area of involvement were stimulated with needles — ST-12, ST-18, KI-27, KI-21 — plus distant points on the same meridians — ST-36, KI-5.

The patient reported slight relief of pain after the first treatment; substantial relief after the second treatment; and complete relief after the third treatment. A slight recurrence two weeks later necessitated two additional treatments. In the 10

months following the last treatment, there has been no recurrence of pain.

Case history

Patient: Male

Age: 53 years

Condition: Sprained right ankle

Local acupoints were stimulated — a “ring of points” around the ankle: LV-4, ST-41, GB-40, KI-5, BL-60.

Immediately following treatment, the patient was able to walk, putting his weight on the injured ankle with very little pain. He reported only slight discomfort the following day; complete freedom from pain on the third day.

Case history

Patient: Male

Age: 12 years

Condition: Acute pain from active gastric ulcer (revealed by x-ray)

Duration: 5 years

To treat the local tenderness, local acupoints were used: VC-13 and KI-20 on both sides. To treat the acute internal manifestation, the Stomach meridian was sedated by stimulating ST-36 bilaterally. Pain was alleviated after the first treat-

ment. The patient was brought in for treatment only when the condition again became painful. Over a period of one year, these recurrences of pain have become less frequent and less intense.

Case history

Patient: Male

Age:

Condition: Acute rhinitis following a head cold

Duration: 1 month

Patient complained of copious nasal discharge — “nose runs constantly.” For lung symptoms in the Lung meridian, the most sensitive acupoint along the meridian was stimulated bilaterally. This was LU-7. Results were almost instantaneous, with cessation of the discharge.

Case history

Patient: Male

Age: 59 years

Condition: Trifacial neuralgia

Duration: Several months

Local acupoints were stimulated with needles: TH-21, ST-4, GV-24. Tender acupoints at a distance but located on

meridians passing through the area of involvement were also located and stimulated: ST-31, GB-39. Results were good.

Case history

Patient: Female

Age: 40 years

Condition: Swollen and inflamed left knee

Duration: 2 years

The patient's knee was extremely painful, and she was able to walk only a short distance at a time. She had been unable to dance for two years. A variety of treatments over a two-year period had included steroids, manipulation, and physiotherapy, but had produced no improvement. The "Miracle" acupoints located in the eyes of the knee were palpated and found to be extremely tender. Deep needle insertion was made and the needles left in place for 7 minutes. Within 24 hours after the first treatment, the patient had noticeably improved. Further treatments were scheduled for every other day, with complete remission of symptoms after the 6th treatment. However, the acupoints still remained tender and further treatments were given, twice a week for an additional four weeks, at which time the acupoint tenderness had totally subsided and the patient's knee returned to normal. There has been no recurrence of symptoms in the last nine months.

Case history

Patient: Female

Age: 44 years

Condition: Migraine headache

Duration: 12 years

This patient's pain was concentrated along the course of the Gallbladder meridian in the cranial area, but palpation revealed tenderness extending along the Gallbladder meridian to a considerable distance from the head pain. Since possible contamination of the entire meridian was indicated, the terminal points (GB-44) on the toes were tested. They were excruciatingly painful bilaterally, confirming total contamination of the meridian. Since this patient was afraid of needles, acupressure was used. Since the acupoints were too sensitive for the patient to tolerate sustained pressure, pulsed acupressure was used, holding the pressure about four seconds at a time with 20 seconds rest between pulsations for the first minute. During the pressure-on period, the patient experienced a feeling she described as a "wave sensation" that ran from the left toe up to her head and down to her right toe. Within one minute the discomfort from the acupressure applied at GB-44 began to subside, permitting longer periods of pressure. After about three minutes of pulsed acupressure treatment, the patient's headache and nausea began to

clear. After about seven minutes of treatment, pressure on the acupoints (GB-44) no longer produced pain and discomfort, and the headache was completely gone.

This treatment was repeated when the patient had subsequent attacks (about three weeks apart) for three months, at which time the attacks became less frequent and GB-44 was no longer affected. The treatment was changed to bilateral acupressure on GB-20, since it was now the acupoint at the periphery of contamination. Eventually treatment was applied to GB-19, the focus of contamination, and this completely stopped the migraine headaches from recurring. No return in two years.

Case history

Patient: Male

Age: 46 years

Condition: Eczema on forehead

Duration: 3 years

Careful examination of the rash showed that it was confined to the area of the Bladder meridian bilaterally on the forehead. The patient's history revealed that a variety of treatments through the 3-year course had aggravated rather than helped the condition. Acupuncture diagnosis revealed a problem involving the Bladder

meridian, but the inflammation aspect indicated that the element of the Fire meridian was involved. Therefore, the point selected was the Fire point on the Bladder meridian. To rule out psychosomatic response, some placebo points were selected for the first treatment. The patient did not respond either favorably or unfavorably to these placebo stimulations.

On the second visit, the Fire point on the Bladder meridian was stimulated. Following this treatment, the patient reported an improvement within three hours. The rash completely cleared up after two more treatments and has not returned.

Case history

Patient: Male

Age: 45

Condition: Pre-ventricular contractions

Duration: Frequent episodes, 4 or 5 times a week for a period of three years. Verified by electrocardiograph.

Since the doctor was not skilled in pulse diagnosis, his treatment was based on theoretical effects.

Stimulation of various tender points on the Heart meridian produced no effect. A decision was made to start using the Five Elements method rather than **direct** treat-

ment, in an attempt to control this condition. The doctor's first theoretical consideration was that the heart, being a muscle, would be under the control of the Wood meridians. Therefore, it was decided to try stimulation of the Fire point on the Liver and Gallbladder meridians. Stimulation of the Fire point on either of these meridians produced P.V.C.'s rather than helping the condition.

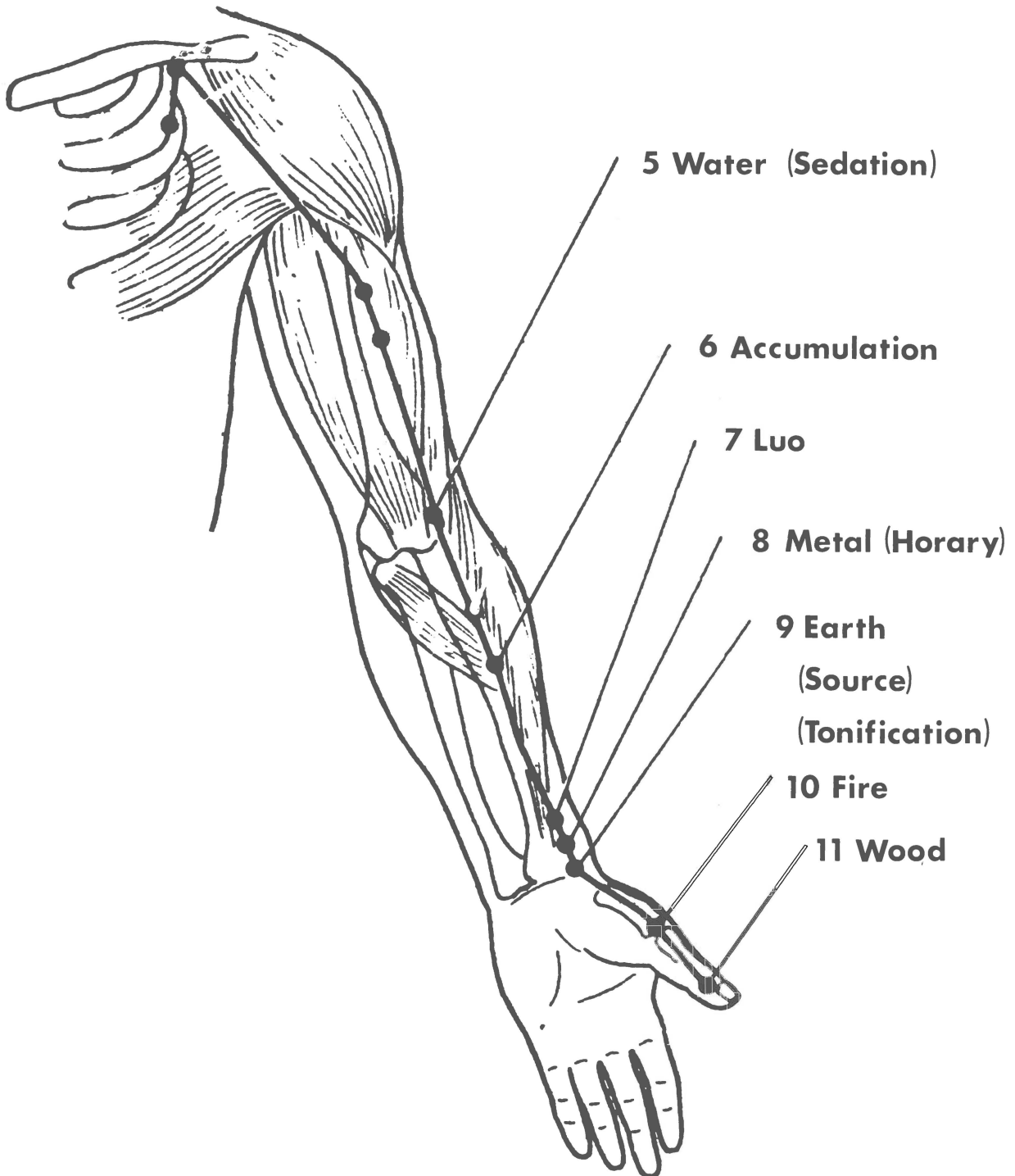
The next consideration was that since P.V.C.'s are a matter of control, rather than using the Sheng Cycle, the Ko Cycle would be attempted. This meant stimulating the Fire points on the Kidney and Bladder meridians. Again stimulation of these Fire points produced P.V.C.'s rather than correcting them. At this point the physician reviewed the Case History with the patient and determined that the P.V.C.'s were usually brought on following the ingestion of certain foods. Therefore the physiological relationship between the Heart meridian and the Stomach meridian was considered, and the next point of trial-and-error stimulation was the Fire point on the Stomach meridian. This produced no response, either favorable or unfavorable. Again the physician reviewed the history with the patient and learned that the attack of the P.V.C.'s would often be terminated when the patient had a bowel movement. On this visit, the patient was having a P.V.C. episode and the physician decided to stimulate the Fire point on the Large Intestine meridian.

Stimulation of this point produced IMMEDIATE response, and the attack of P.V.C.'s was terminated after about 15 seconds of stimulation. During the next week the patient had two more episodes of P.V.C.'s. In each instance, stimulation of the Fire points on the Large Intestine meridian terminated the P.V.C.'s almost immediately.

During the next six weeks, there were no recurrences of the P.V.C.'s . . . and future recurrences are not anticipated.

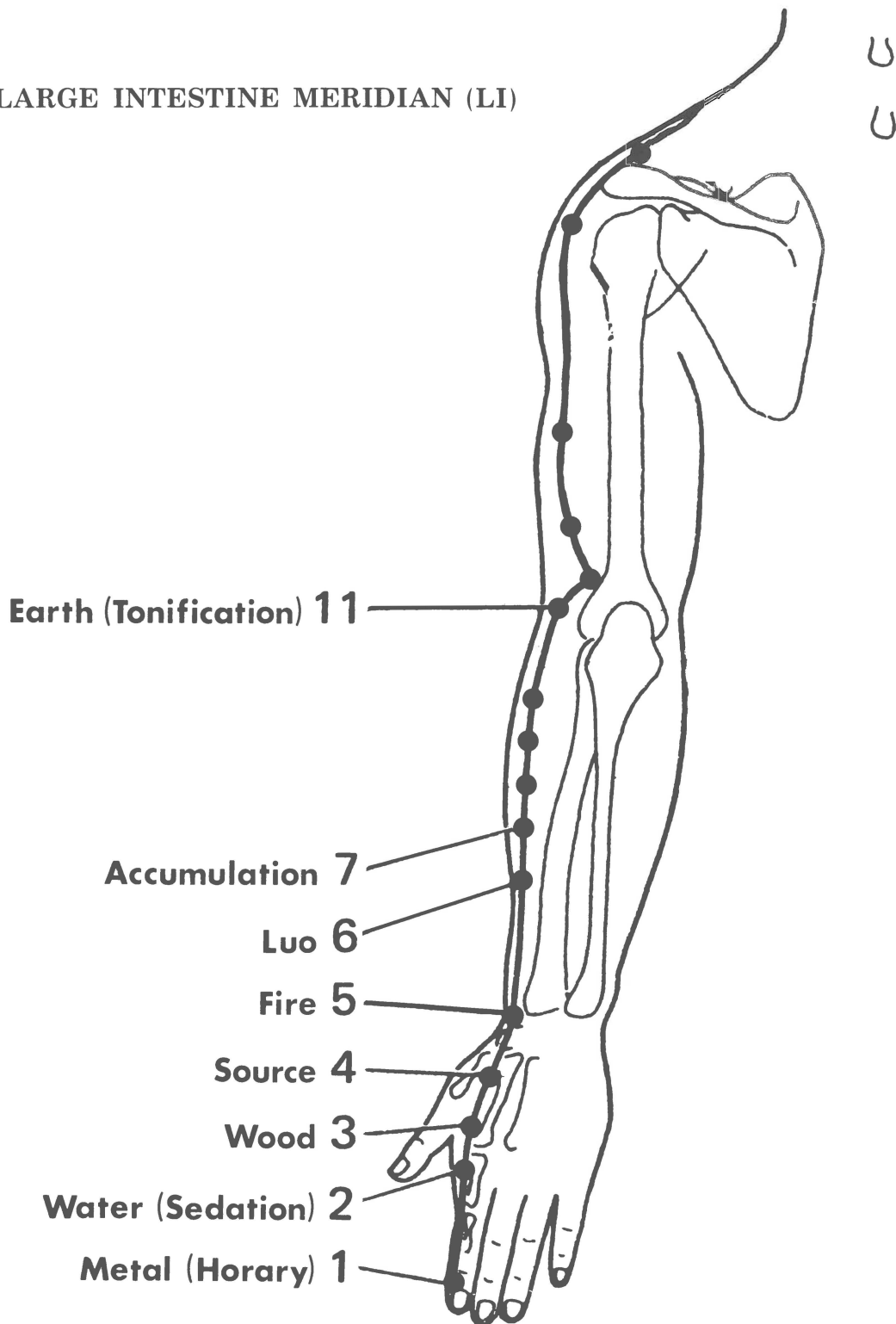
**POINTS OF COMMAND
and Accumulation Point**

LUNG MERIDIAN (LU)

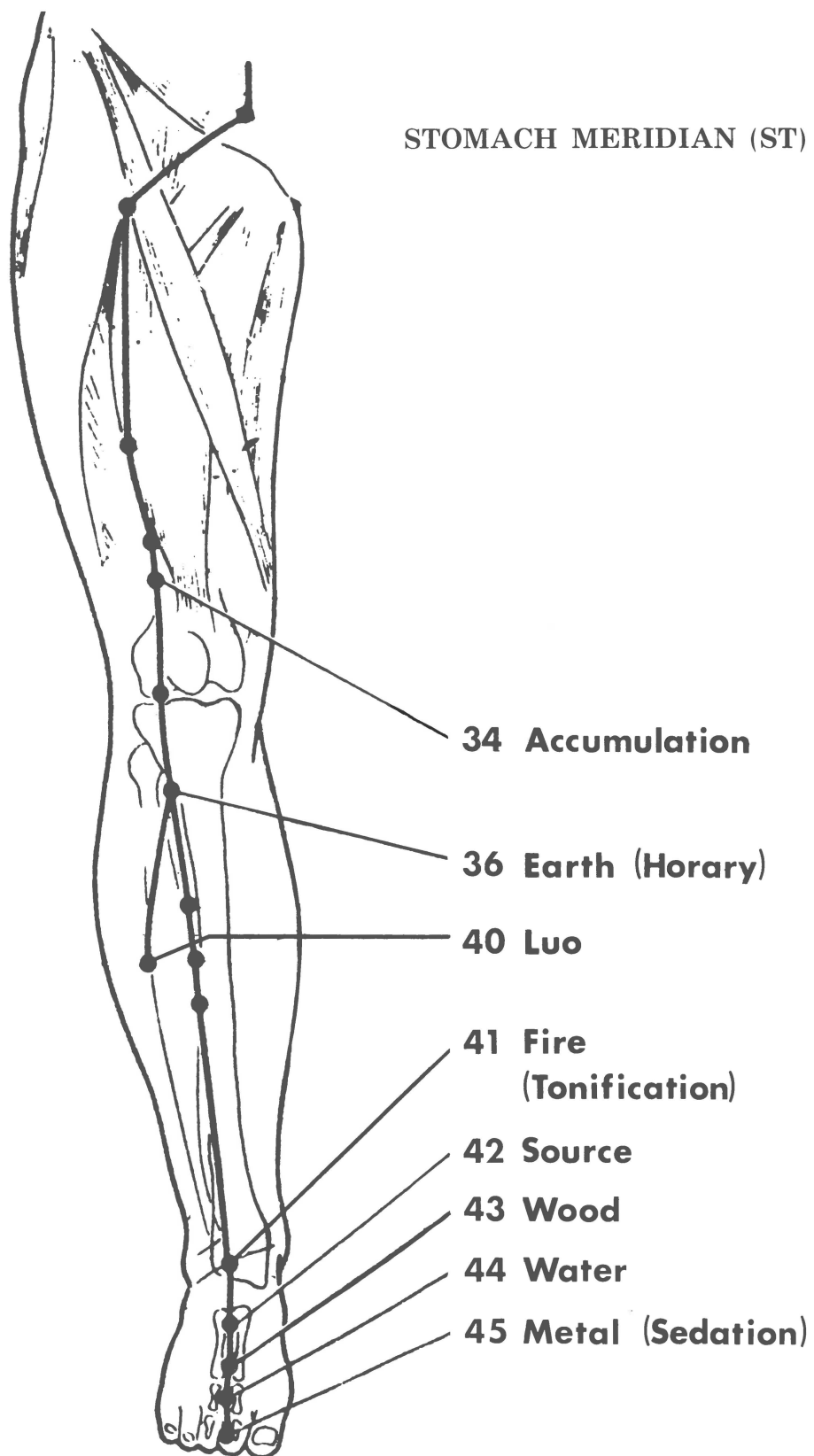


**POINTS OF COMMAND
and Accumulation Point**

LARGE INTESTINE MERIDIAN (LI)

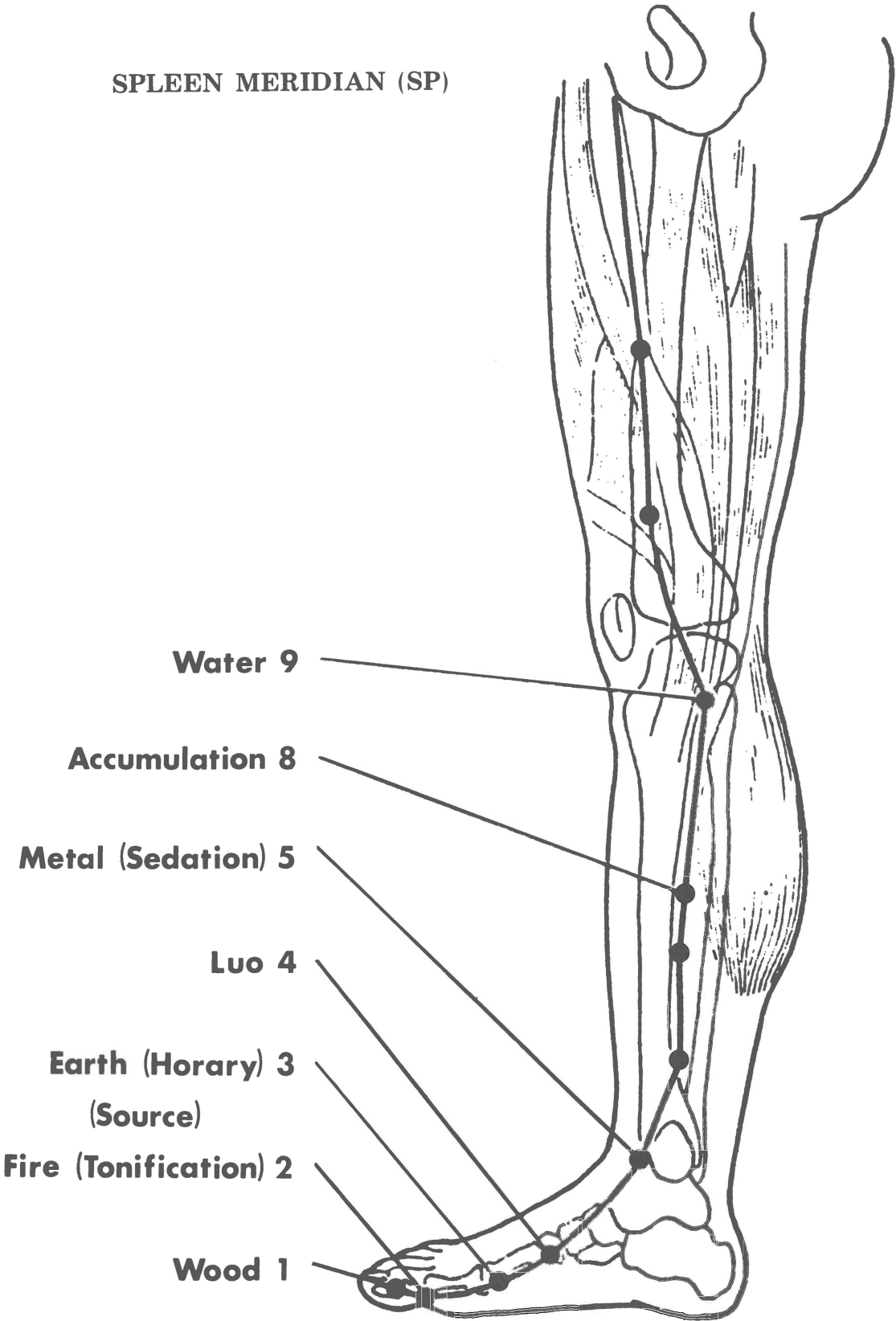


**POINTS OF COMMAND
and Accumulation Point**

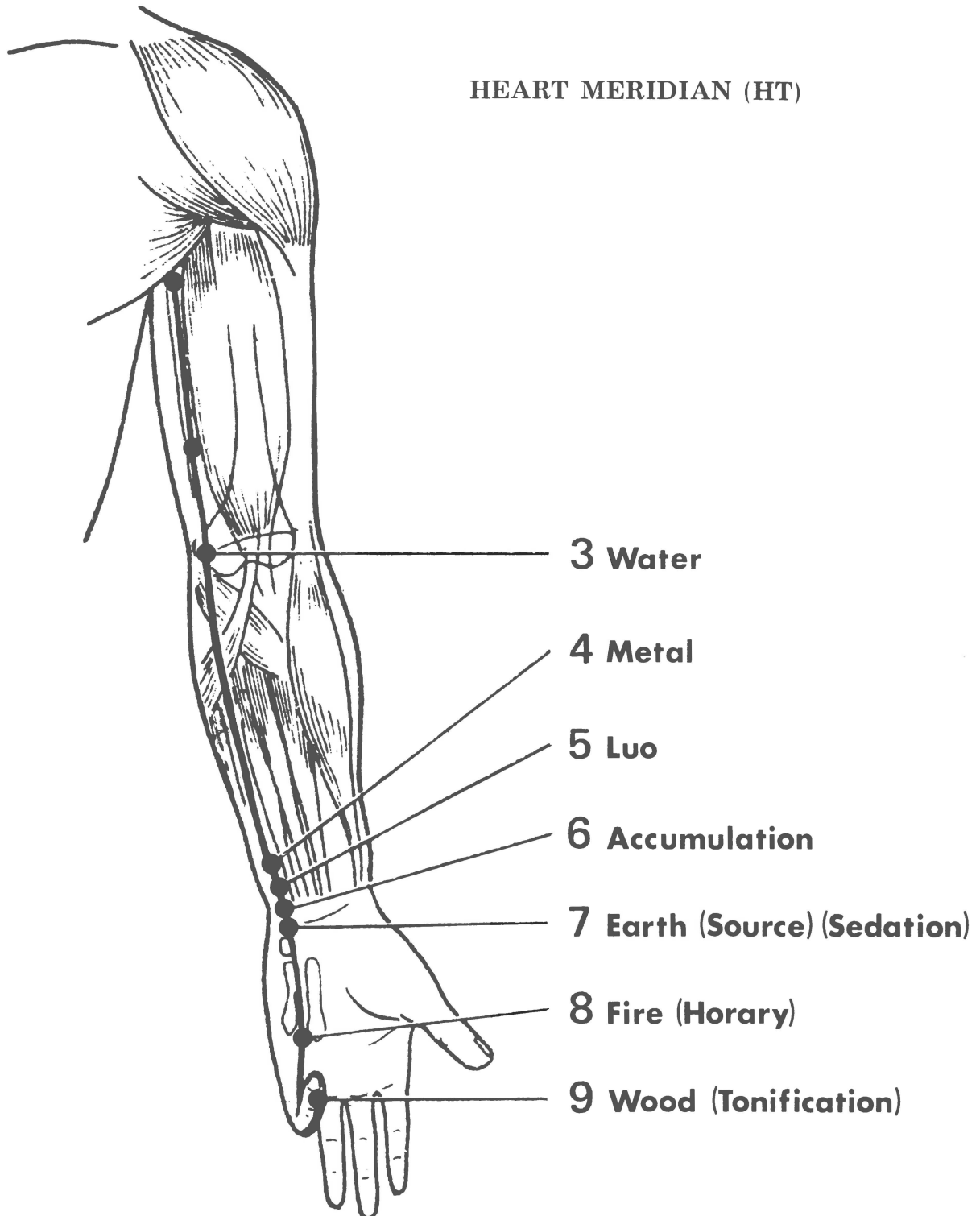


**POINTS OF COMMAND
and Accumulation Point**

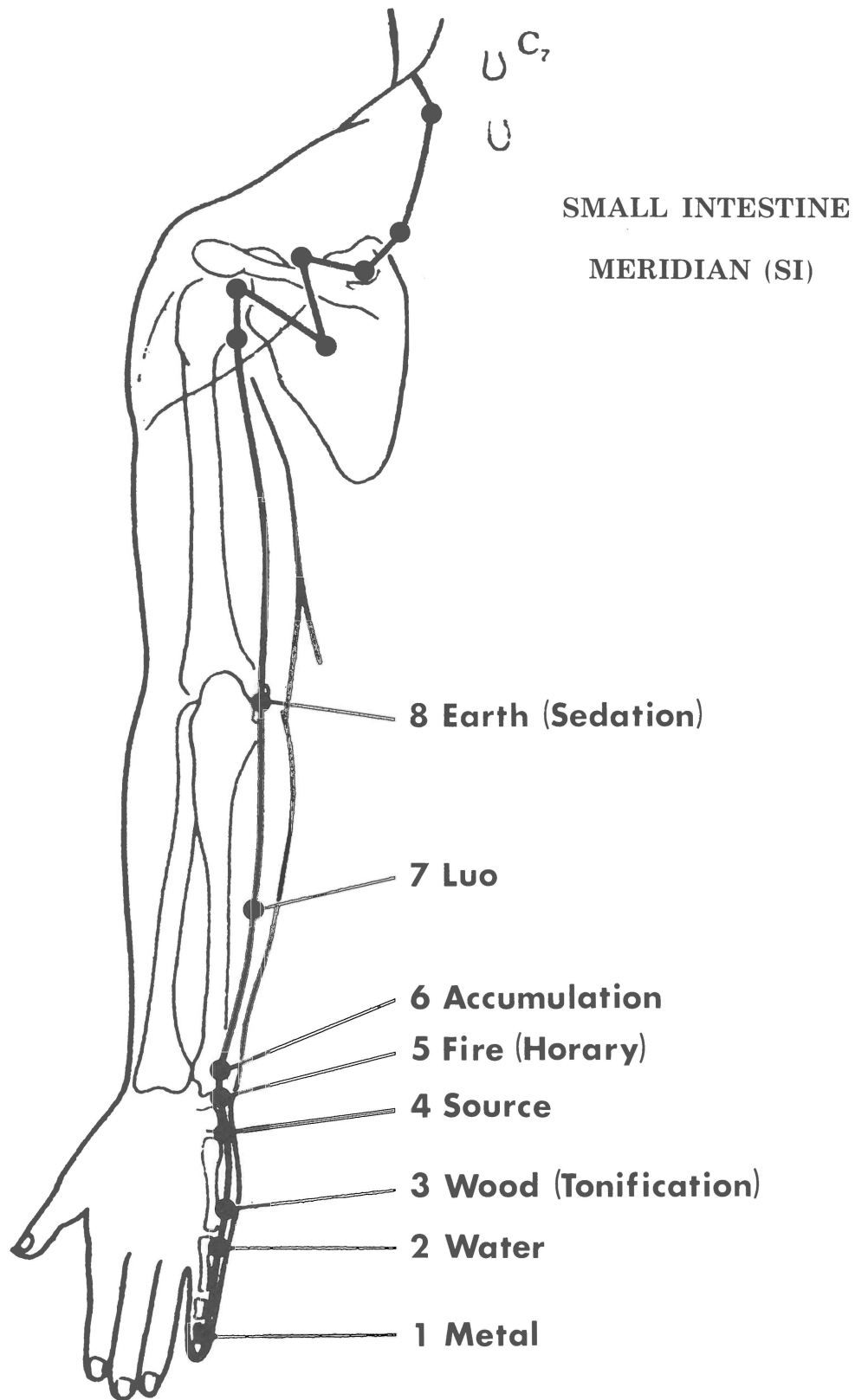
SPLEEN MERIDIAN (SP)



**POINTS OF COMMAND
and Accumulation Point**

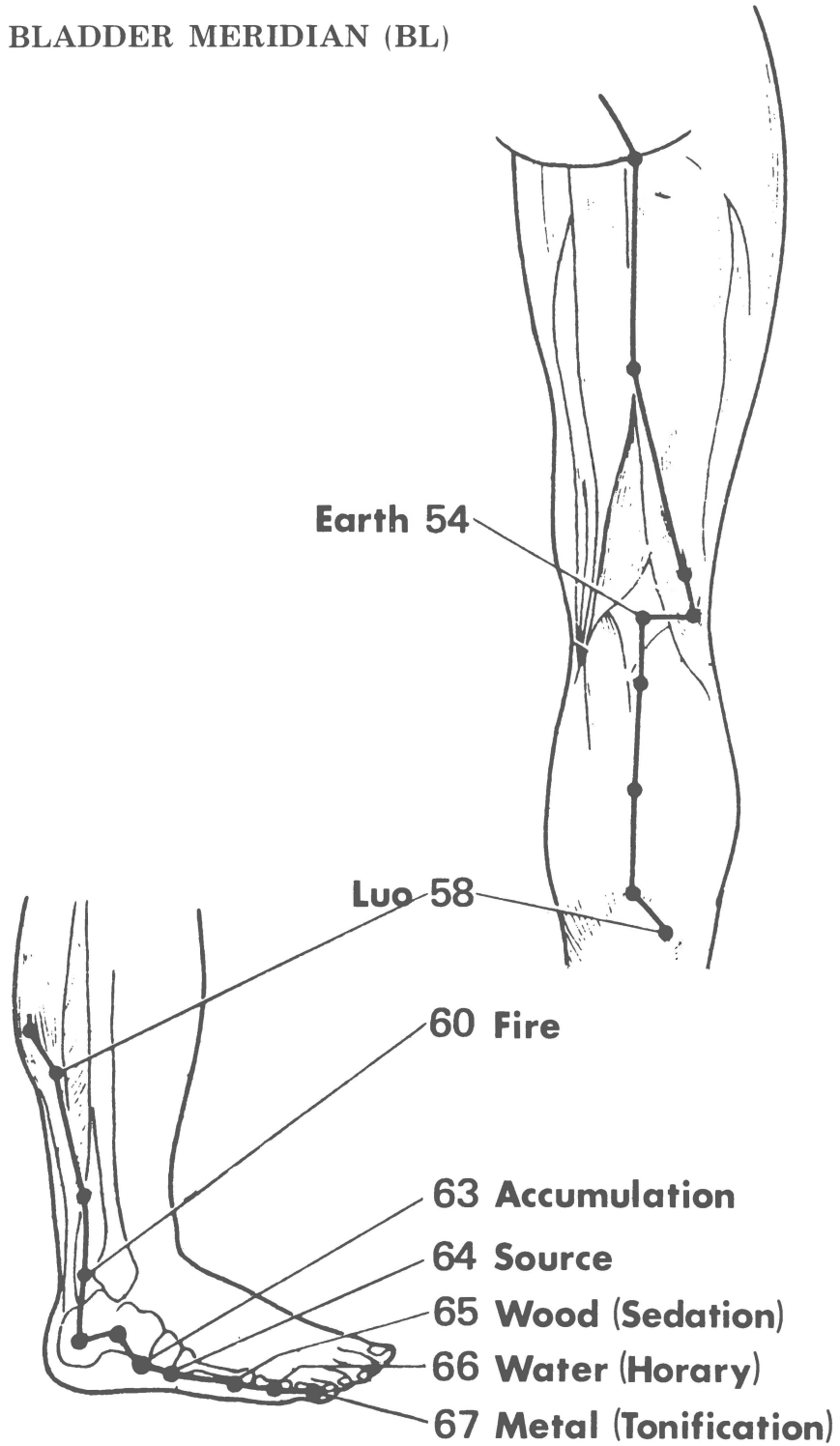


**POINTS OF COMMAND
and Accumulation Point**



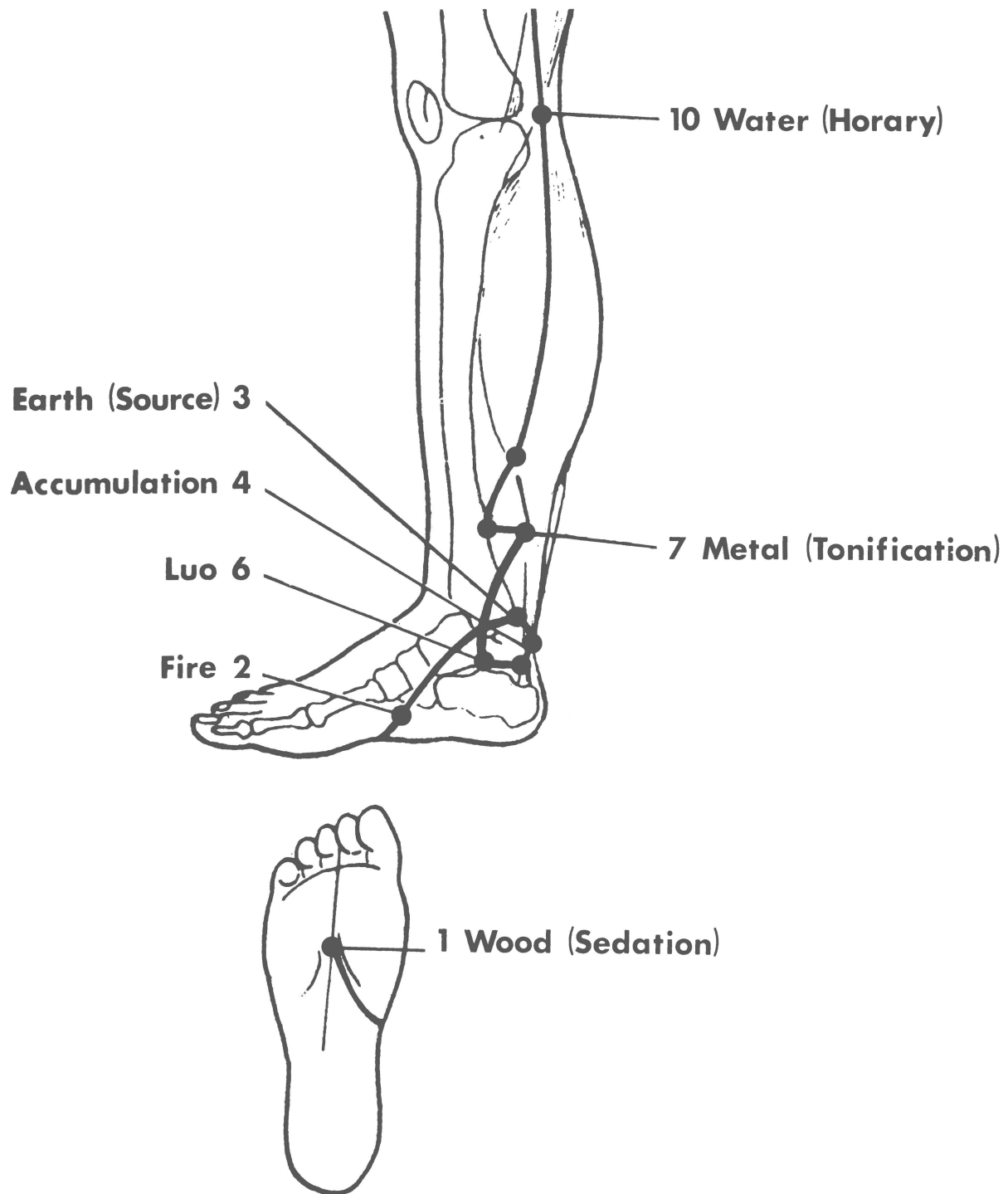
**POINTS OF COMMAND
and Accumulation Point**

BLADDER MERIDIAN (BL)

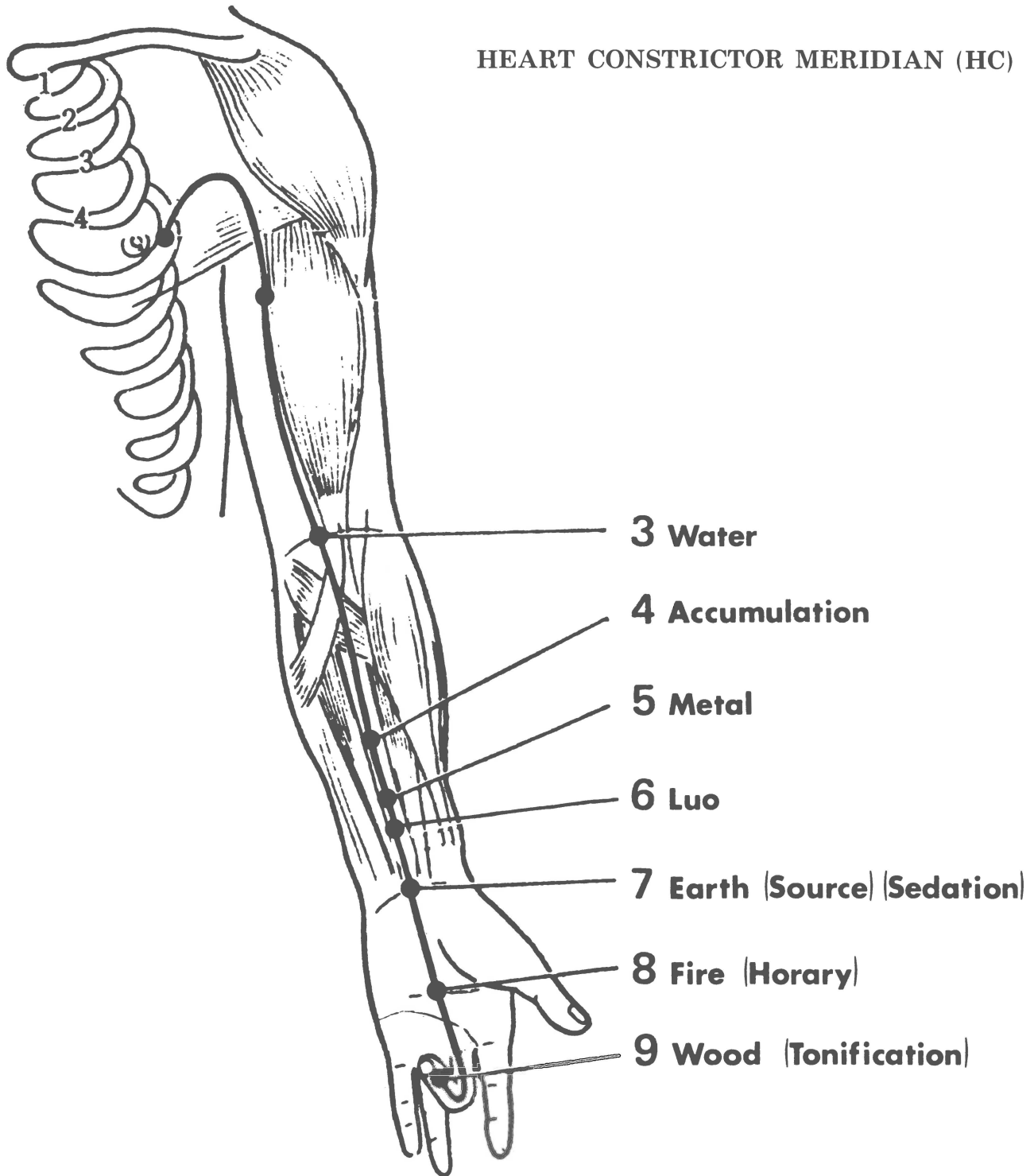


**POINTS OF COMMAND
and Accumulation Point**

KIDNEY MERIDIAN (KI)

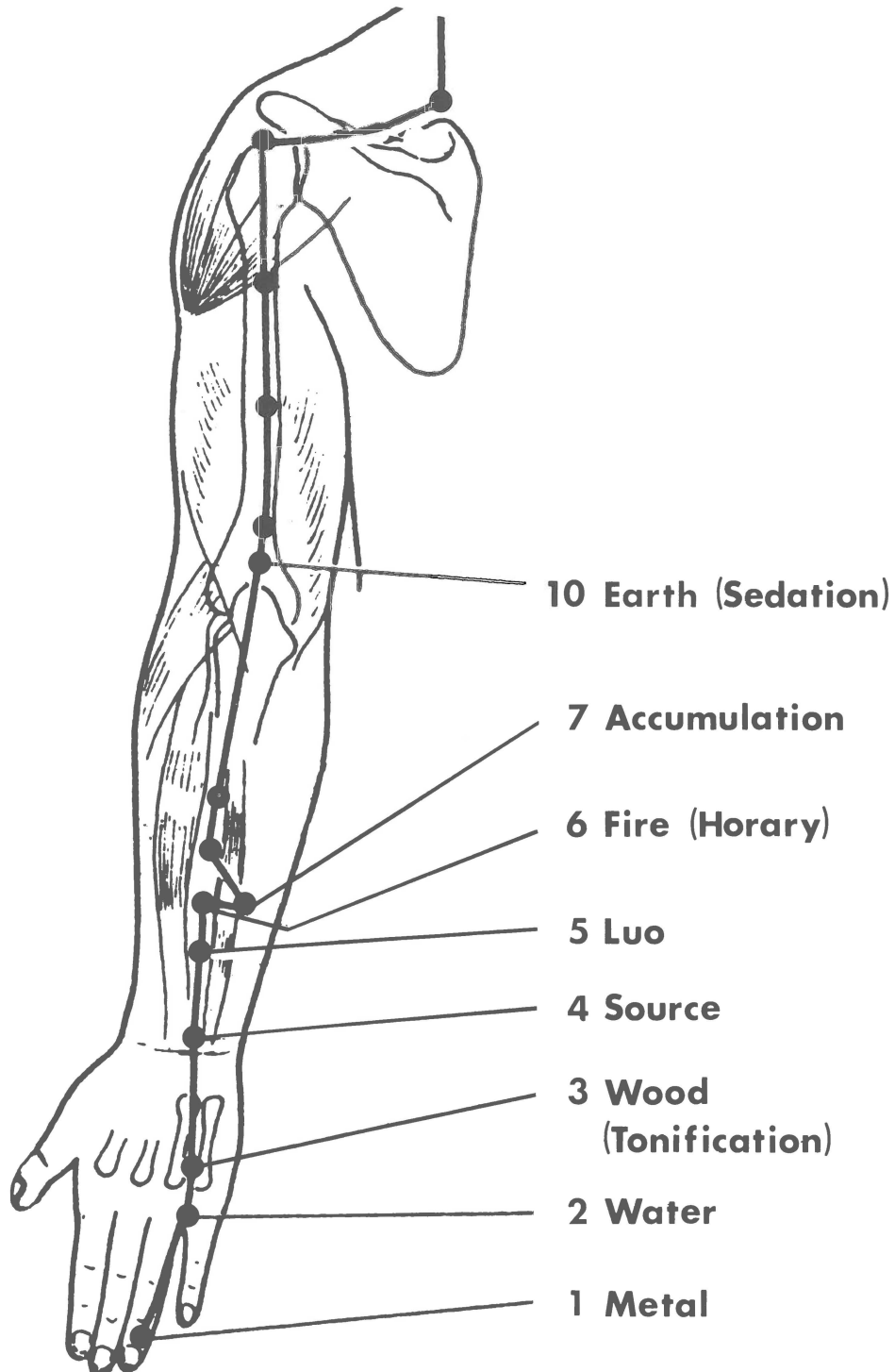


**POINTS OF COMMAND
and Accumulation Point**



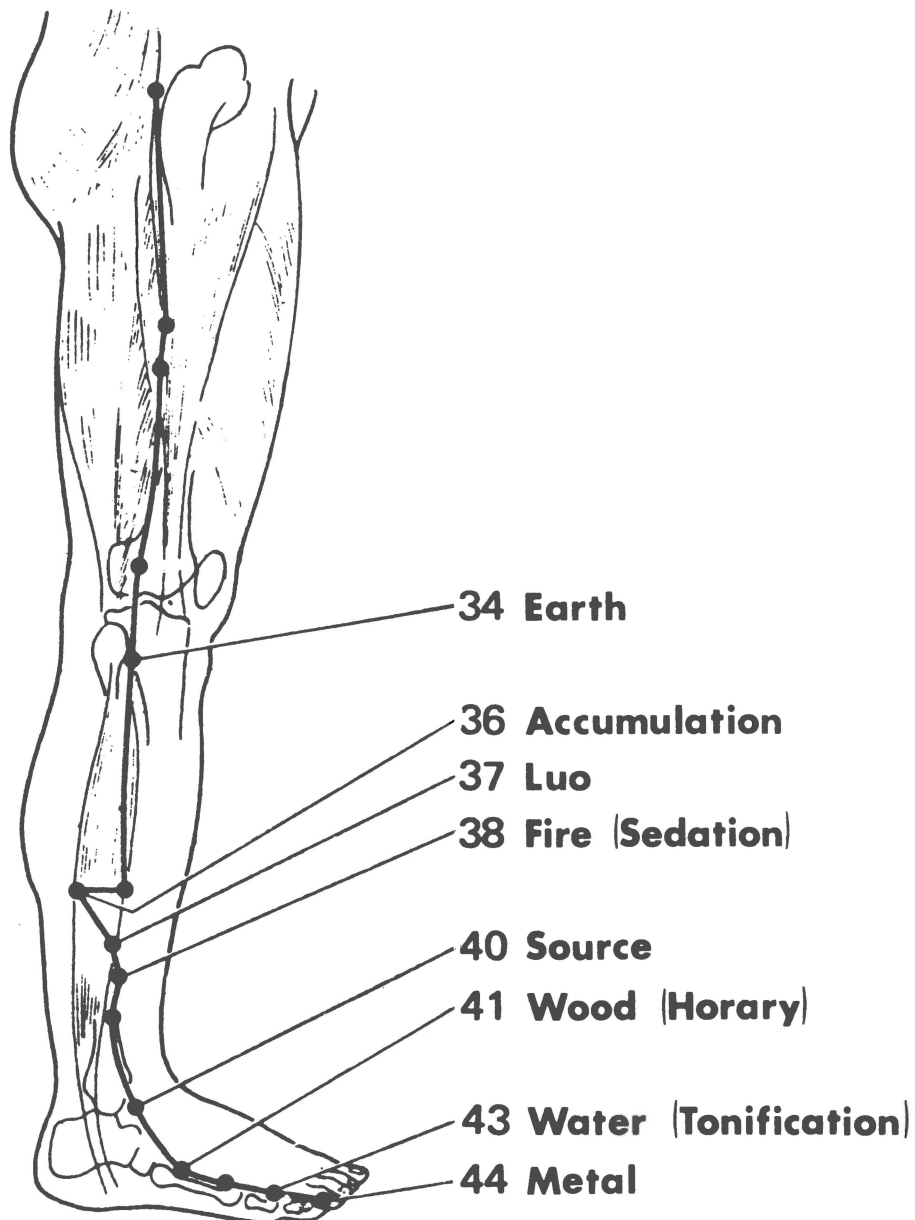
**POINTS OF COMMAND
and Accumulation Point**

TRI-HEATER MERIDIAN (TH)



**POINTS OF COMMAND
and Accumulation Point**

GALLBLADDER MERIDIAN (GB)



**POINTS OF COMMAND
and Accumulation Point**

LIVER MERIDIAN (LV)

Water (Tonification) 8

Accumulation 6

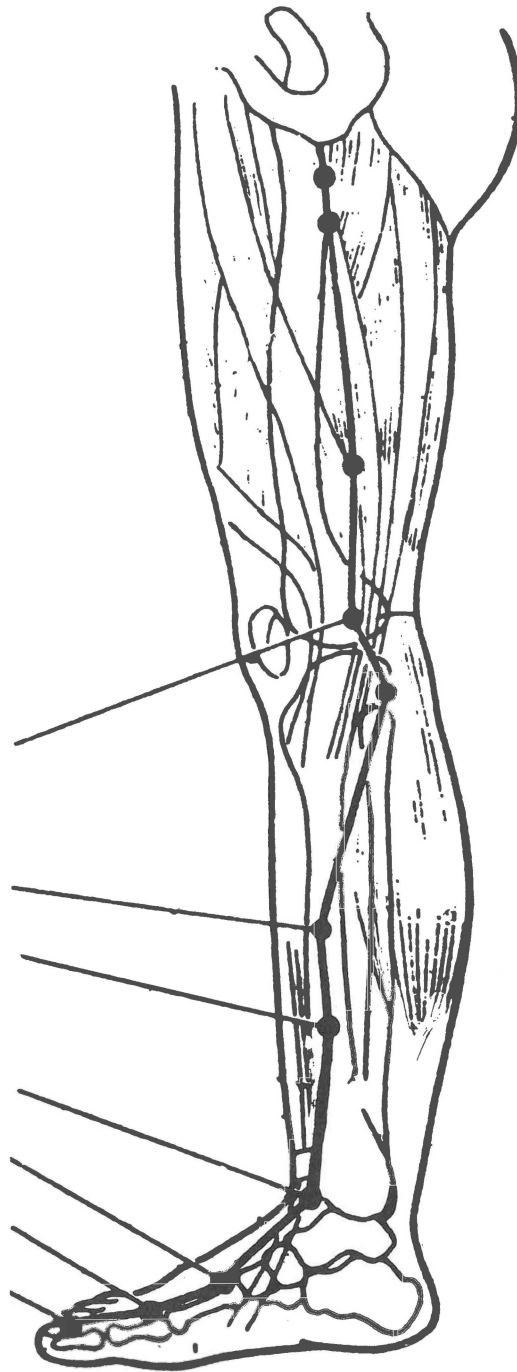
Luo 5

Metal 4

Earth (Source) 3

Fire (Sedation) 2

Wood (Horary) 1



CHAPTER IX

HOW TO USE DIFFERENT FORMS OF STIMULUS IN MERIDIAN THERAPY

As has been stated before, one method of meridian therapy consists of applying a form of stimulus to an acupoint or acupoints for the purpose of restoring equilibrium of Chi within or between meridians.

Of the more than 100 different methods of stimulation available, we have included instruction in five that are commonly used: needles, acupressure, moxibustion, ultra-sound, and vacuum.

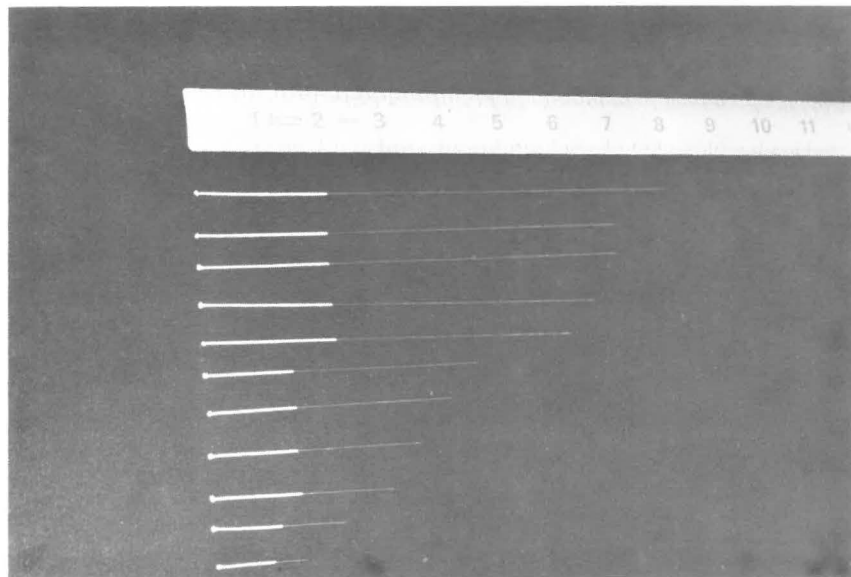
HOW TO USE NEEDLES IN MERIDIAN THERAPY

Before you begin to use needles (or any other method of treatment) on your patients, you will naturally want to familiarize yourself with the instruments and practice using them.

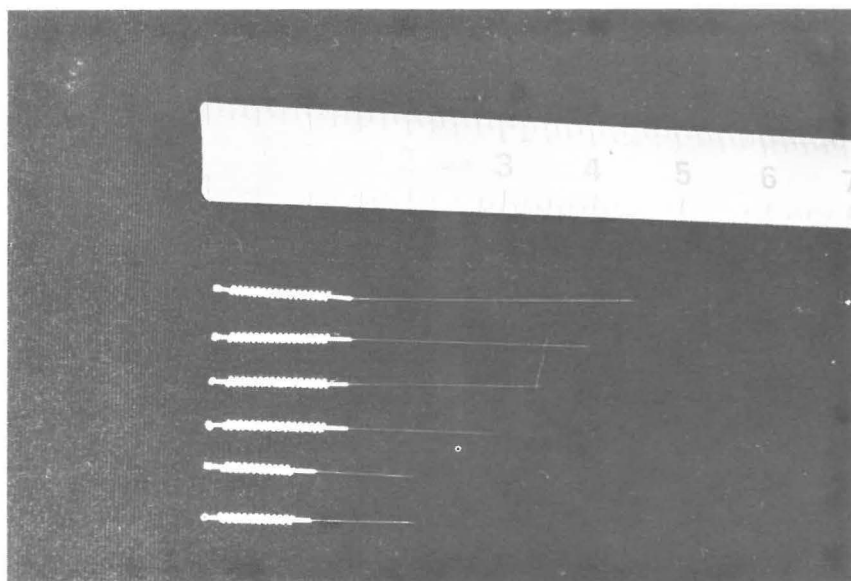
Kinds of Needles

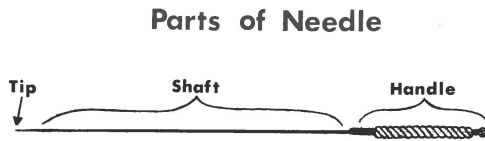
The first acupuncture needles were made of stone and bone. Later, iron, silver, and gold were used to fashion the needles. Today alloys are used, with stainless steel most commonly chosen. Standard acupuncture needles are formed and sharpened by hand from lengths of wire. Cast needles should never be used in acupuncture treatment, as they lack the flexibility of the handmade needles and tend to break more easily. The standard acupuncture needle is flexible enough to bend to at least a right angle without breaking and then spring back to its original shape. The parts of the needle are designated as the

SEMINAR OF ACUPUNCTURE



Two kinds of standard needles





Standard Needles

handle, the shaft, and the tip. (See drawing.) Different kinds of needles are used for different purposes.

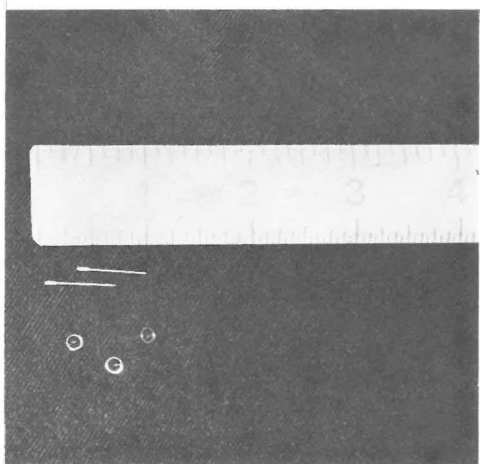
1. Standard Needles

The standard flexible, unbreakable needle is the only one that should be used for insertion into an acupoint as a form of stimulus. These needles are handmade from filaments of metal and are generally available in gauges varying from 26 to 36, and in overall lengths of $\frac{1}{2}$ " to 9". The larger the diameter of the needle, the greater the intensity of the stimulus. To select a needle of the proper length, a general rule is that the shaft of the needle should be approximately twice as long as the depth of insertion. This is to permit vibration of the needle by thumping or scratching the handle. Thumping produces a coarse vibration, scratching a fine vibration. If the needle is too short, the vibratory effects are inhibited. If the needle is too long, the weight of the handle on the flexible shaft will prevent the needle from remaining upright after insertion, making vibration difficult.

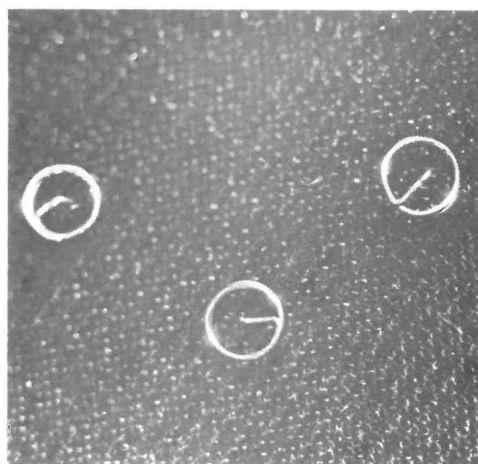
Intracutaneous needles

2. Intracutaneous needles

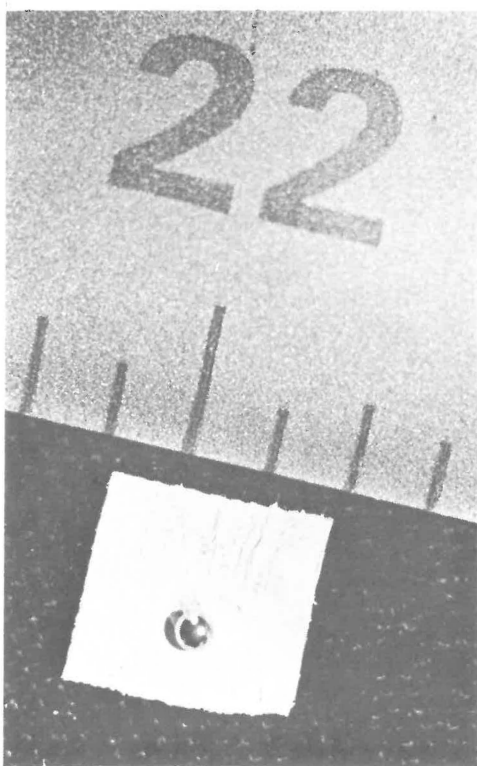
As the name implies, intracutaneous needles are very fine and short so that penetration is only dermal.



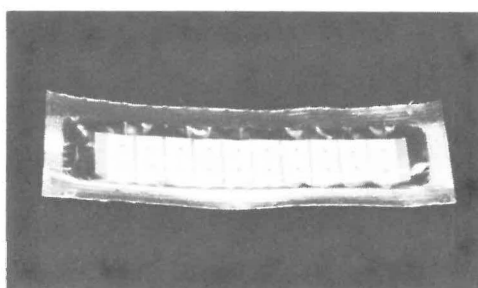
Intracutaneous Needles



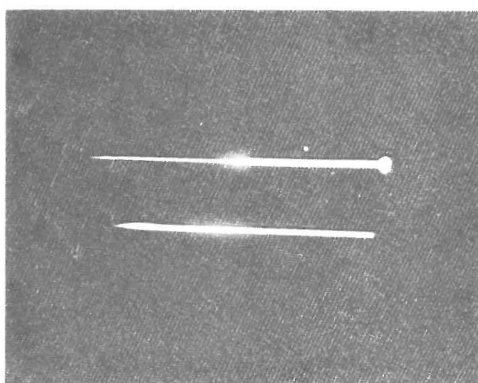
Intracutaneous Needles
(more than three
times actual size)



Acupatch on Adhesive Tape
(more than three times actual size)



Package of Acupatches



Bleeding Needles
(actual length about 2 $\frac{3}{4}$ ")

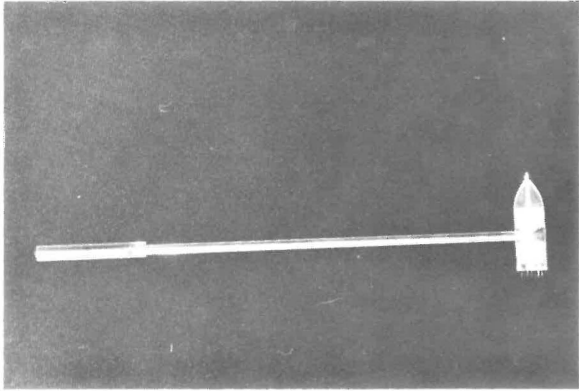
One type of intracutaneous needle is a tiny coil of filament with the point protruding about 1/8" in the center, similar to a thumbtack. This needle is inserted straight in and held in place with a strip of adhesive tape for very mild stimulation.

A second type of intracutaneous needle has a small handle and short shaft, resembling a map tack. This kind of needle is inserted at a 15 degree angle with a piece of adhesive tape under the handle and a larger strip of tape covering the whole.

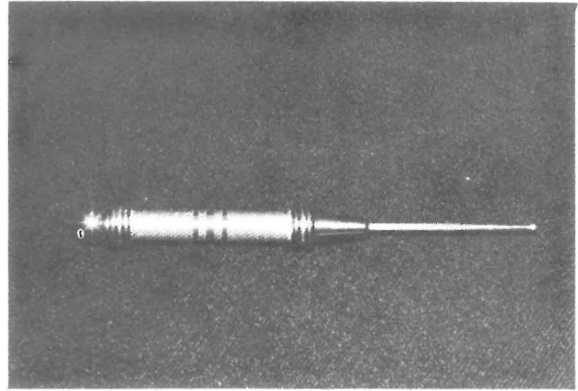
Intracutaneous needles are left in position for a matter of hours or days, achieving the desired result through oscillation.

Other methods of applying a mild stimulus are acupatches (small steel balls held in place with adhesive tape), and mild degrees of heat or cold. Since abnormal acupoints have a low threshold, these mild degrees of stimulation will take them through the tonification and sedation phases, but will not produce anesthesia, due to the higher threshold of that phase. Long-sustained stimulation will, in this case, cause the predisposition to oscillate back and forth through the tonification-sedation cycle. With each oscillation the beneficial effects of the stimulation raise the threshold until it blocks out the stimulation.

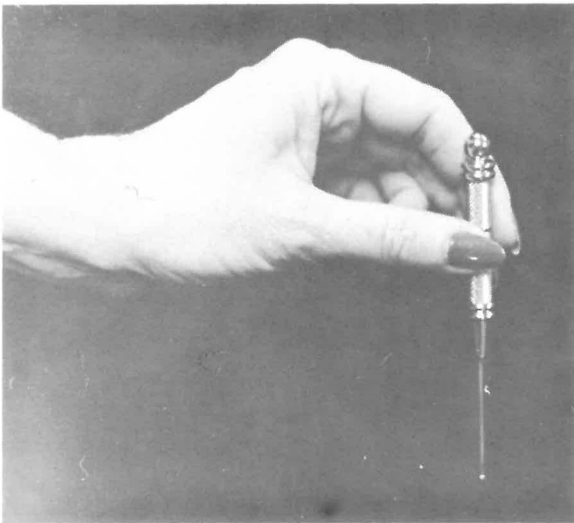
SEMINAR OF ACUPUNCTURE



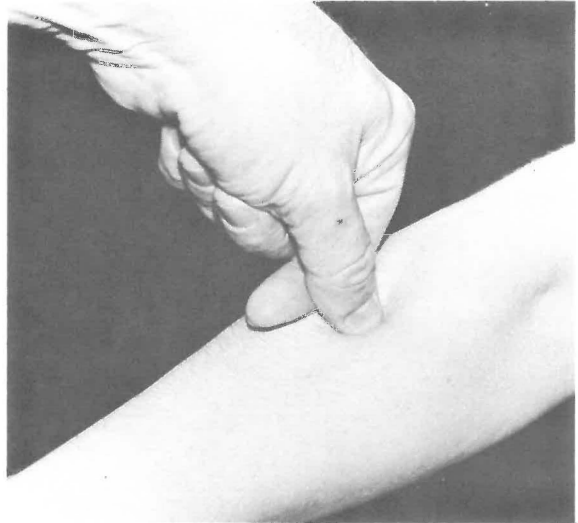
Plum Blossom or Hammer Needle
(actual length 7½'')



Pressure Needle
(actual length 4¼'')



Using the Pressure Needle



Using the Finger Needle

In some cases, acu-exhaustion may intervene before the point is completely normalized, and treatment must be interrupted and then re-started after the body has adapted and can accommodate additional treatment.

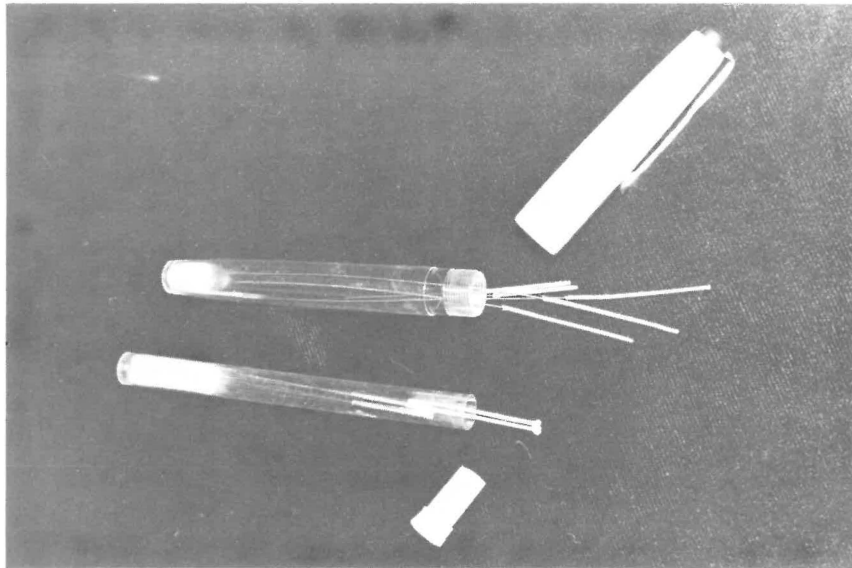
Also, if the stimulus is too mild the threshold may rise above the level of stimulation and block it out before the point or meridian is completely normalized. In this case, the patient may show some improvement, but a somewhat more intense stimulus may be required for full correction of the disequilibrium.

Bleeding needles

3. Bleeding needles

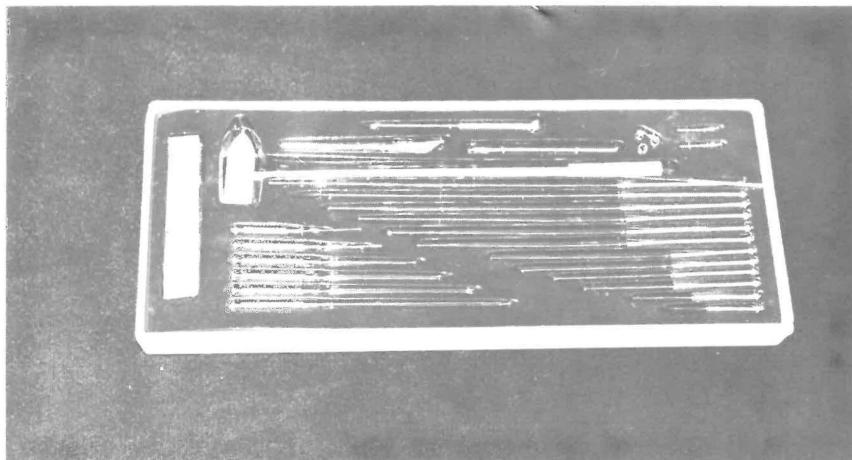
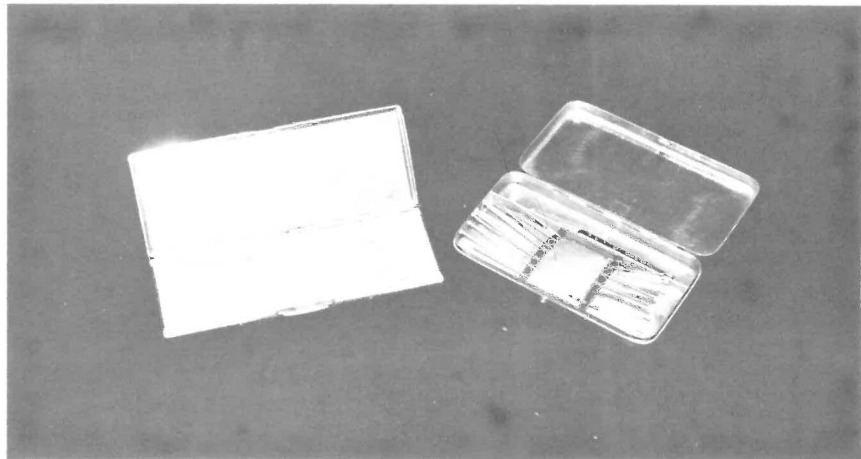
Bleeding needles are used on prescribed points and in certain conditions, some of which you will find in the chapters outlining treatment. Bleeding needles are of two types. One has a rigid shaft and a triangular tip which narrows to a sharp point. The other is a round-tipped needle made of heavy-gauge metal. With either needle, the method is to compress the skin around the acupoint between your fingers; then either insert and withdraw the needle quickly, or use a “picking” motion to induce the flow of two or three drops of blood.

SEMINAR OF ACUPUNCTURE



**Left: Tubular case
and glass vial; two
ways of carrying
needles**

**Right: Two types of
carrying cases for
needles**



**Left: A set
of needles**

Since bleeding needles are not inserted deeply and never left in the skin for any time, they may be either handmade or cast.

**Plum Blossom
needles or
hammer needles**

**4. Plum Blossom needles or hammer
needles**

The Plum Blossom Needle is a hammer-like instrument with a number of very short needle points protruding from either end of the hammer head. These points are spaced out on one end, bunched together on the other. Wood or metal may be used, but most of today's Plum Blossom needles are plastic hammers with stainless steel needle points. The Plum Blossom needle or hammer needle is used in several ways:

- (a) Very light percussion, not breaking the skin, for stimulation of acupoints on small children, the aged, or patients who are very weak or debilitated.
- (b) Medium percussion, causing slight skin abrasion, for stimulating nervous reaction in cases of paralysis.
- (c) Strong percussion over stretched skin, causing bleeding, for treatment of congested and swollen areas.

Pressure needles

5. Pressure needles

The pressure needle has a blunt point which does not penetrate the skin. It is preferred to the piercing needle when treating the very young, the very old, or the very weak. It may be used diagnostically to locate tenderness in acupoints. It may be used very effectively in acupressure.

Finger needles

6. Finger needles

The finger needle is not a needle at all, but consists of using the finger-nail or the tip of the finger to apply pressure to an acupoint. Again, this may be used for diagnostic purposes; for treating the old, young, or weak patient; or for treating patients who fear the needle.

The finger needle is also one method of treatment in acupressure, which is a highly effective form of meridian therapy. Even physicians who are adept with needles are advised to learn and practice acupressure, also. Some of its advantages are that the intensity of the stimulus can be easily adjusted by altering the amount of pressure applied; it can be used on any patient, any time, anywhere (great for emergencies); there is no danger of needle reaction, side effects, or infection.

CARE OF NEEDLES

Protection

Acupuncture needles, when not in use, should be kept in a manner that will protect them from bending or undergoing damage to the tips. A pad of gauze in a drawer or case with a removable cover is a simple way to store needles.

If you carry needles with you, a small case with a gauze pad and a lid will work fine. Some doctors use a tubular case with a screw-on top that looks like a fountain pen; some use a vial with antiseptic-soaked cotton padding in the tip.

Sterilizing

Needles should always be disinfected before and after each use. Also disinfect the insertion pipe (if used), the patient's skin at the site of the acupoint, and your fingers.

We recommend that doctors either use disposable needles or provide a separate set of needles for each patient, to make absolutely certain no infection is transmitted from one patient to another.

Sharpening

The point of the needle should not be so sharp that it causes a pricking sensation when it touches the patient's skin. Also, too sharp and fine a tip tends to bend and cause a burr.

The needle tip should not be so blunt as to make insertion difficult, but should be rounded and slightly sharp.

NOTE: If the patient feels a stinging sensation, like the sting of an insect, this is an indication that you have not located the right point. You may be over an artery, vein, or tense or spastic musculature that resists insertion. Just as tenderness indicates you are on the right spot, stinging indicates you are on the wrong spot and insertion could result in acushock or tissue trauma. Choose a slightly different location or another acupoint.

Needles may become slightly dull with use, making insertion difficult. To sharpen a needle, whet it by drawing it several times between the folds of a piece of newspaper. Another method is to draw the needle several times between the cover and the abrasive section of a matchbook. Sterilize all needles after sharpening.

Removing a burr

A tip that is too sharp may become burred or barbed with normal use, or a properly sharpened needle may burr from contact with bone. This will result in painful insertion and withdrawal with possible bleeding.

Some burrs can be removed by drawing them between your fingernails; with others you may need to use one of the sharpening methods, being careful not to get too fine a point.

Straightening

If a needle gets crimped or “kinked,” it should be discarded.

A curved needle can usually be straightened by drawing it between your thumbnail and the ball of your forefinger, with your thumbnail on the convex side of the arc.

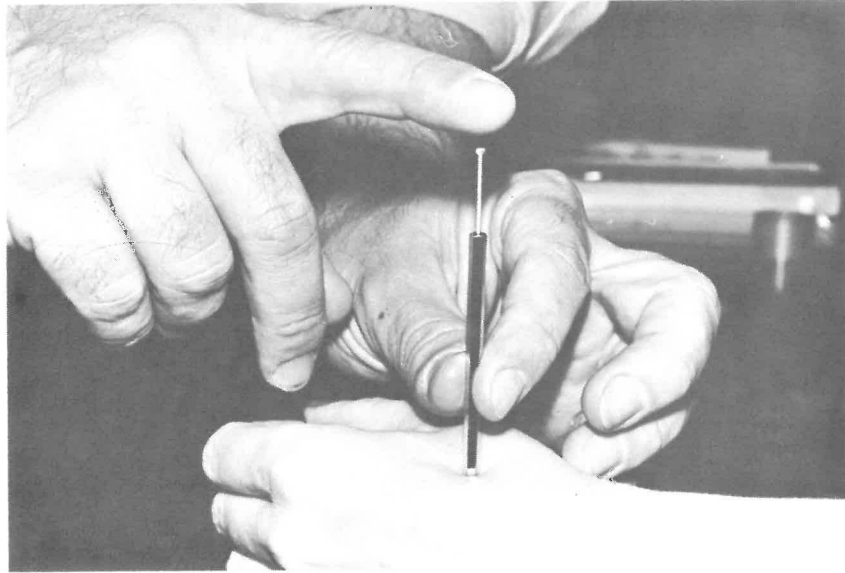
LEARNING TO INSERT THE NEEDLE

Pipette or fingers

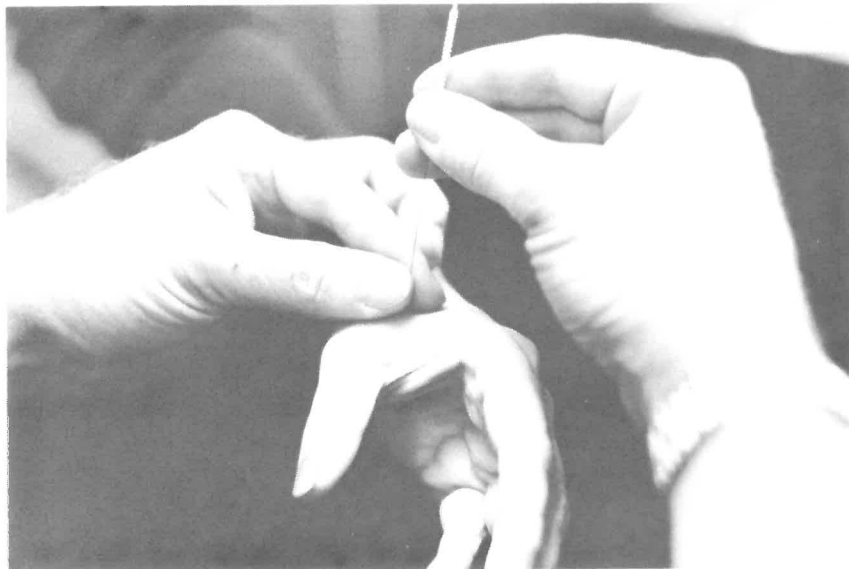
Some practitioners use a pipette, a slender tube made of brass, silver, or stainless steel, to guide the needle and hold it straight during insertion. This also assures a controlled depth of insertion and a controlled degree of stimulation. Most practitioners, however, prefer to use just their fingers in inserting the needle.

“Feel” of needles

First, accustom yourself to the “feel” of each of the different sizes of needles -- their weight, balance, and flexibility. Grasp the handle of the needle with your thumb, forefinger, and middle finger. (All instructions in this book are given for the right hand. If you use your left hand, some of the directions will, of course, be reversed.) Push the tip of the needle against a solid surface such as the sole of your shoe and manipulate it. Observe how it tends to give and sway and bend and flex -- where it tends to buckle and what you must do to compensate for the buckling. After you have mastered this, practice your insertion technique on an inanimate object. You may use several thicknesses of tissue or a vegetable or piece of fruit. We have found that inserting a needle into a cucumber most nearly approximates the feel of inserting a needle into skin and flesh, and is ideal for practice of needle insertion. Eggplant, apple, and grapefruit may also be used. You may ruin a few needles in the beginning by bending, kinking, or burring



Needle insertion using a pipette



Needle insertion using fingers

them, but with practice you will acquire enough dexterity to start using needles on patients.

Two insertion methods

The two classical methods of inserting the needle are with a straight-in insertion and with a rotating movement, clockwise or counterclockwise. Practice both of these methods. In working with the human body, as with the cucumber, very little resistance is felt after you get through the outer skin unless you encounter severe muscle spasms or have misjudged the location of the acupoint.

How to treat yourself

Perhaps the best way to learn to practice acupuncture is to begin by treating yourself. In this way you will experience first hand not only how it feels to be the physician, but also how it feels to be the patient. You will note the different sensations and radiation syndromes produced by stimulating the various acupoints. You will feel the difference in the sensations produced by shallow needle and deep needle insertion. You will quickly learn that the terminal points on the fingers and toes are extremely sensitive. You can experience the sensation the patient has when you “peck” on the periosteum for arthritic conditions. You can feel for yourself the warning stinging sensation that occurs from trying to insert a needle into a hypertonic muscle or the wrong acupoint. You can also try acupressure, pressure needles, mechanical probes,

ultra-sound, diathermy, vacuum, and other forms of stimulation on yourself.

In our seminars, we recommend that the physician practice inserting needles in himself on the following acupoints before beginning to treat patients: SP-6, ST-36, LI-4, LI-11, LV-1, ST-42. Unless the point you stimulate needs treatment, withdraw the needle after about 30 seconds.

As you practice on yourself and become aware of the simplicity, ease, and safety of acupuncture treatment, you will develop confidence both in your ability and in this ancient art.

Steps in needle insertion

To minimize tension and anxiety in the patient and make the insertion easier, hold the needle so that it is hidden from his view.

Step 1 — Locate the point visually.

Step 2 — Palpate the point area for maximum tenderness and to get the feel of the underlying tissue.

Step 3 — Massage lightly, but firmly, with the finger so that you relax any spasm at the site of the point, and also to help “deaden” the cutaneous nerves.

Step 4 — Scratch the surface lightly with your fingernail to minimize the sensation which the patient might feel as the point of the needle touches the skin.

Step 5 — Use the fingernail against the point and press at right angles so as to make a cross indentation or crossmark on the skin, and to show the center of the point where the needle is to be placed. This also has a tendency to push aside any vessels close to the point or any nerve fibers that may be lying directly beneath the point of insertion.

Step 6 — If the patient seems anxious, distract him by talking.

Step 7 — Insert the needle about 1/8th of an inch, which will put it through the skin. The rest of the insertion may be made in short thrusts, but most practitioners prefer just to slide the needle in gradually until it has reached the proper depth.

**Reactions to
needle insertion**

Wrong reactions:

1. The patient feels a painful stinging sensation, like an insect sting -- you have either missed the point and should change your location slightly or you have the wrong point.
2. The needle encounters too much resistance and does not glide in smoothly -- recheck your location or try another point on the same meridian.

Right reactions:

1. Painless or near-painless insertion -- you have the right location.
2. Needle slides in easily after it gets through the skin -- right location.
3. Radiating sensation along meridian -- diagnostic, indicating right point, right depth, effective treatment.

**Depth of
needle insertion**

The Reference Table of Acupoints lists the approximate depth of needle insertion for each acupoint. These depths will vary, of course, depending on the size and fleshiness of the patient.

Shallow insertions, such as those on the head and face, will be about the same on everyone. The radiation syndrome may or may not be experienced in shallow insertions.

On deeper insertions the proper depth has been reached when the radiation syndrome (or “getting the power”) is experienced. Always check the depth limit (in the human inch measurement for that patient), and do not go beyond it. If no sensation is felt, try probing with the needle (see page 233) or move to a slightly different site or another acupoint.

When inserting needles into the abdomen, you will get a feeling of “empty space” as soon as the needle has passed through the layers of skin. At a depth of one to four inches, depending on the area of the abdomen, you will feel a slight resistance, like another layer of skin. This is the peritoneum. **DO NOT INSERT THE NEEDLE ANY DEEPER.** Instead, withdraw it slightly so that there is no danger of penetrating the peritoneum.

NEEDLE VIBRATIONS & MANIPULATIONS AFTER INSERTION

Rotation

1. ROTATION

The needle is rotated on its long axis by rolling it clockwise or counter-clockwise between the thumb and index finger. The purpose of the rotation is to produce the “radiation syndrome,” or as the Chinese say, to “get the power.” When this syndrome is produced, the doctor feels that the flesh is tightening around the needle.

Since the radiation syndrome can be quite intense and very uncomfortable if the needle is rotated too far, you should use caution. Rotate the needle slowly and gradually until the radiation syndrome is experienced. This will enable you to keep the sensation within the tolerance of the patient and avoid the risk of muscle spasm or the patient's jerking and bending the needle. Also, too intense a stimulus could produce an acushock reaction. Only a gentle radiation syndrome is required to produce results.

The amount of rotation required to produce the radiation syndrome varies from point to point and from patient to patient, but in the event the needle can be rotated around and around several times without reaction, try it in the opposite direction. If you still have no results, wait 15 to 30 seconds and try it again. If no reaction is obtained after two or three trials of this type, the point is unsatisfactory for treatment and the needle should be withdrawn.

NOTE: An exception is that the radiation syndrome will frequently not occur in areas where needle insertion is shallow, such as the head and face.

After the needle has been rotated to produce the radiation syndrome, it should be rotated back to its neutral position before being withdrawn. This makes withdrawal of the needle much easier.

Planting

2. PLANTING

When the needle is rotated at the same time it is being inserted, this is called "Planting the Needle."

Lifting

3. LIFTING

If the needle is rotated as it is being withdrawn, this is called "Lifting the Needle."

Pecking

4. PECKING

This is a technique used frequently in joint conditions and arthritic complaints. The needle is inserted to the bone and then repeatedly withdrawn and inserted about an eighth of an inch at a time, letting the needle very gently and very softly "peck" on the periosteum at the point of the pain.

Probing

5. PROBING

In probing the needle is inserted, withdrawn to a depth of about 1/8", and inserted again pointing it in a slightly different direction; withdrawn and reinserted in a slightly different direction . . . several times.

Twanging

6. TWANGING

Twanging is produced by inserting the needle deeply enough to support itself in an upright position and then "thumping" the needle and letting it oscillate or vibrate in place.

Scratching

7. SCRATCHING

Scratching is a vibration technique in which the needle is inserted until it is self-supporting, and then the handle of the needle is scratched with the fingernail to produce a fine vibration down the length of the needle.

**Hot and
cold needle**

8. HOT AND COLD NEEDLE

The needle may be heated or cooled before insertion or after insertion. The most common method for heating the needle after insertion is to attach a ball of moxa to the handle of the needle and burn it, letting the heat be conducted down into the point. To cool the needle, spray it in place with ethyl chloride. Protect the underlying skin with a circular piece of paper in both heating and cooling.

Reaming the point

9. REAMING THE POINT

Reaming is a withdrawal technique in which the shank and the head of the needle are displaced from side-to-side or in a rotary motion as the needle is withdrawn, to create a larger hole where the needle was inserted. This technique enhances the sedation effect as a result of increased stimulation. Do not massage the acupoint after withdrawal.

**Intracutaneous
needle**

10. INTRACUTANEOUS NEEDLE

The intracutaneous needle method consists of inserting a very small needle into the skin, but not all the way through the skin into the flesh, taping the needle in place, and leaving it for as long as several days.

In situs

11. IN SITUS

In this procedure the needle is inserted directly into the point to the proper depth and left in place for a period of time, usually from one to ten minutes, depending upon the type of reaction desired. The needle is then withdrawn without any rotation, without any probing, without any pecking, without any manipulation of the needle whatsoever.

Locking

12. LOCKING

In some cases after the needle has been inserted the muscle structures will contract, go into spasm, and lock the needle in place, making it very difficult to withdraw. When this occurs, it is important simply to leave the needle in place, advising the patient not to move, until this reaction has corrected itself. This is considered to be a very good sign, and results are invariably expected after such a reaction.

THE LAW OF PU-HSIEH

**Effects of
insertion and
withdrawal
procedures**

Although the *Nei Ching* stresses diagnostic procedures much more than it does treatment procedures, most of the later treatises on acupuncture include information on opposite tonification-sedation effects that result from certain differences in insertion and withdrawal procedures. This is called the "Great Law of Pu-Hsieh."

PROCEDURES AND EFFECTS OF PU-HSIEH

PROCEDURE	PU (Tonification)	HSIEH (Sedation)
Before Insertion	Massage or pinch acupoint.	Do not massage or pinch acupoint.
Respiration	Insert during expiration, withdraw during inspiration.	Insert during inspiration, withdraw during expiration.
Rotation of Needle	Rotate needle counter-clockwise.	Rotate needle clockwise.
Speed of Insertion and Withdrawal	Insert rapidly, withdraw slowly.	Insert slowly, withdraw rapidly.
Depth of Insertion	Superficial.	Deep.
Direction of Insertion	Insert at an angle WITH flow of energy.	Insert at an angle against flow of energy.
After Insertion	Close point by massaging it.	Leave point open.

The actions of “Pu” excite or supply energy where it is lacking. The actions of “Hsieh” calm or disperse excess energy.

Although we are including a chart of some of the Pu-Hsieh procedures, it has been our experience that they do not always have the formulary effects, since they are subject to the Law of Stimulation and the Law of Deficiency.

PRECAUTIONS AND CONTRAINDICATIONS

Precautions in insertion

1. Precautions in insertion of the needle.
 - (a) To avoid snagging fibrils of tissue on the needle, make certain the needle is smooth and that the degree of rotation is not too great.
 - (b) If muscular spasm causes resistance to insertion, stimulate one or two points on the periphery of the spasm and it will subside.
 - (c) Any time insertion causes an agonizing pain, withdraw the needle and choose another point.
 - (d) Any time you suspect the needle may have entered a blood vessel, withdraw and reinsert at a different angle.

**Precautions
in treatment**

2. Precautions in treatment.

- (a) A faint, weak, fast, thready pulse signals an overly apprehensive patient who may faint during treatment. Use a placebo treatment to accustom the patient to the needle and to relieve anxiety. (Placebo: insert needle superficially into a large muscular area, not an acupoint; leave it for a few seconds and withdraw.)
- (b) If possible, at least for the first few treatments, have the patient in a recumbent position during treatment.
- (c) Watch for reactions in the patient: paleness, faintness, sweating, dizziness, nausea, palpitations, coldness, or numbness in the limbs. If any of these occur, withdraw the needle immediately and have the patient lie still for a few minutes until he recovers. A sip of hot drink may help. Resume treatment with a different acupoint or a lighter stimulus.
- (d) If a patient goes into shock or faints, apply pressure on GV-26, GV-20, and LI-4; needles or pressure at LU-11 and ST-36.

- (e) Do not treat during a heavy storm or any severe weather condition.
- (f) Do not treat a patient while he is in a state of drunkenness, anger, severe emotional disturbance, extreme exhaustion or weakness, or within one hour after a heavy meal.
- (g) In treating pregnant women, avoid points in the sacral region, on the abdomen, and SP-6 and LI-4.
- (h) Sensation felt in the radiation syndrome may be described as tightness, heaviness, dullness, soreness or pain. The sensation may radiate up or down the meridian, both up and down, or to another meridian. The radiation syndrome is an indication that the treatment is effective. If it is not obtained, a change is indicated.

Radiation syndrome is sometimes not experienced when using mild stimulation techniques such as intracutaneous needles, acupatches, etc.; non-piercing techniques; in shallow needle insertions such as on the head and face; nor in conditions of sensory paralysis.

Further tests of effectiveness of the stimulation are pulse reaction and symptomatic response.

- (i) The needle should be left in position until the radiation begins to subside. If the needle is withdrawn prematurely or the stimulus is too strong so that the sensation persists after withdrawal, apply firm pressure or lightly massage that point or briefly treat another point on the same meridian.

**Precautions
in withdrawal**

3. Precautions in withdrawing the needle.

- (a) If withdrawal is difficult because the needle has caught on tissue fibrils, pause a moment then withdraw the needle with a quick jerk. Use five seconds of firm pressure massage on the acupoint to prevent bleeding.
- (b) If the needle is held by a muscle spasm, massage very gently or apply light pressure around the point to relax the muscle. If this does not release it, stimulate peripheral points, preferably on the same meridian.
- (c) A very slight muscular tension developing after insertion may cause a nipping effect. Light massage around the needle will correct it.

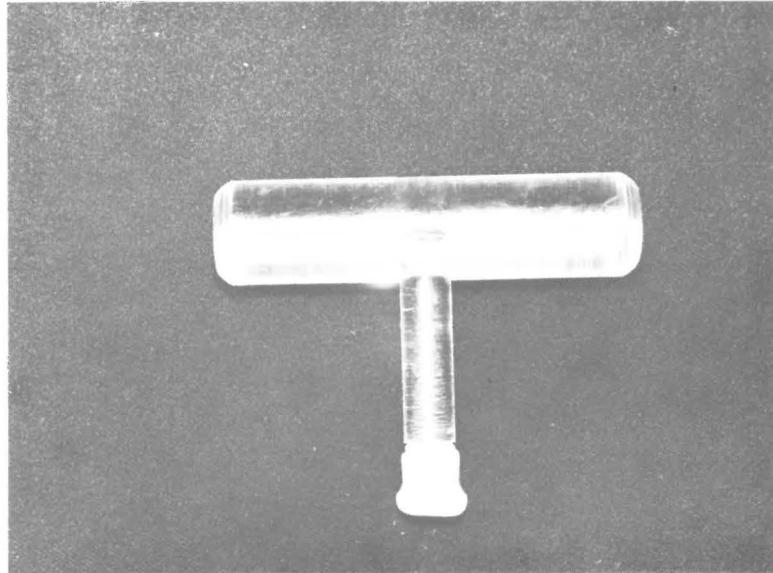
- (d) A change in the patient's posture while the needle is in position at or near a joint may inhibit withdrawal. Move the patient back to his original posture.
- (e) Occasionally the handle of a needle may be pulled off, requiring the use of forceps or pliers for removal.

**Questions and
answers about
needle techniques**

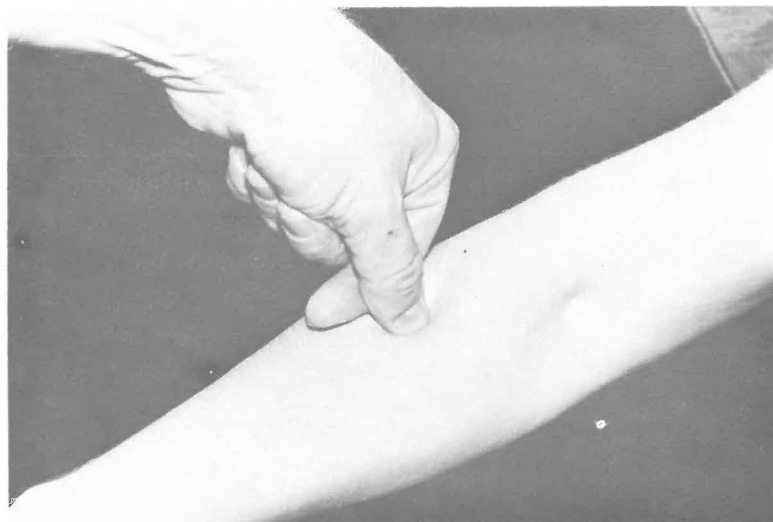
QUESTION: Is it true that the Japanese have developed a system in which shallow needle insertion is used for all acupoints?

ANSWER: Yes. The Japanese method is to use short needles with a pipette to control the depth of needle insertion, usually 1/8" to 1/4", regardless of which acupoint they stimulate.

Every system of meridian therapy has its advocates and its critics, of course. Critics of the shallow needle insertion system point out that without the radiation syndrome experienced with deeper insertion, you do not have the same assurance of results and accuracy. Traditionalists also point to the thousands of years of proven results from using the long needle techniques.



A mechanical probe used in acupressure



Using the thumb in acupressure

HOW TO USE ACUPRESSURE IN MERIDIAN THERAPY

Definition

Acupressure is defined as the stimulation of the human body by pressure upon the classical acupuncture meridians and the classical acupoints, as well as on certain non-meridian points, for the purpose of normalizing the homeostatic responses and mechanisms of the human body. The paravertebral acupoints are especially effective in correction of the spinal misalignments and vertebral subluxations.

Method

Although mechanical probes may be used for treating by acupressure, most practitioners use their hands and fingertips, since this enables them to “feel” the response and reactions of the patient. If mechanical probes are used, they should have soft tips, such as leather or rubber.

Precaution

All forms of stimulation produce some tissue trauma. Acupressure produces varying amounts of bruising, depending upon capillary fragility and severity of the pressure. Always advise the patient that bruising may occur, then if it happens he won't be alarmed. In addition to bruising, if the pressure is too severe the intensity of the sensation may also “overload the circuit,” producing acushock.

Amount of pressure

The best guideline to avoiding excessive pressure is the patient's tolerance. If the patient uncontrollably winces, flinches, or squirms, the pressure is too severe.

However, the pressure must be sufficiently strong to achieve the desired results. When using acupressure on a tender (sensitive) acupoint, the ideal is to apply the **minimum** amount of pressure that will produce the radiation syndrome.

Massage

Massage along the course of the meridian is beneficial, especially if tenderness is present. However, the type of massage must be in harmony with the Law of Stimulation. Use short, light massage to tonify; longer, heavier massage to sedate.

The Chinese often used a system called "spoon massage." With the thumb in the bowl of a ceramic spoon for pressure, the spoon is glided along the course of the meridian.

Before beginning acupressure treatment, tell the patient that the treatment may hurt him a little, but it won't harm him.

Question and answer about acupressure

QUESTION: How can the fingers be as accurate as needles in locating and treating the acupoints?

ANSWER: Since the balls of the fingers cover a much larger area, accuracy is easier in acupressure than in acupuncture. The tenderness of the acupoint enables the patient to guide the practitioner onto the most tender area of the acupoint target for best results, as well as to the amount of pressure to apply.

THE RADIATION SYNDROME IN ACUPRESSURE

Definition

Acupressure on an afflicted or tender acupoint produces the radiation syndrome.

This is a painful sensation radiating from the pressure, and the pain is either somewhat pleasurable or anguishing. Patients usually describe the sensation as “hurting good” or “hurting bad,” and the difference depends on the amount of pressure applied. When it “hurts good,” the pressure is right. When it “hurts bad,” ease up, or acushock may result.

Three stages

The radiation syndrome goes through three stages: an intensifying stage, a peak stage, and a waning stage.

Intensity and duration

One of the advantages of acupressure over other forms of meridian therapy is that the radiation syndrome is a guideline to the proper intensity and duration of stimulation. Although increasing the pressure beyond the minimum needed to produce the radiation syndrome will speed up the recovery and healing processes to a limited degree, the treatment may cause bruising or acushock. Also, it is so uncomfortable that many patients will not return for the treatments they need. Better to extend the treatment over a few more visits than to have them quit before they get well.

If sustained, unvarying pressure is used during the intensifying phase, the patient

will usually feel an increased intensity of sensation which builds up within a few seconds to a level which exceeds his tolerance and may lead to acushock. To avoid this, decrease the pressure as the intensity builds, or use pulsed pressure.

Acu-exhaustion

The waning of the radiation syndrome is a signal to the practitioner that maximum accommodation (acu-exhaustion) has been reached and that the treatment should end. The tenderness of the acupoint will have lessened or disappeared. This may take from two to 40 minutes.

If acu-exhaustion occurs before the acupoint and meridian have been normalized, the tenderness will return, signifying a need for further treatment. Treatments should be continued until all tenderness has been eliminated, and there is no recurrence.

Questions and answers about radiation syndrome

QUESTION: If the radiation syndrome is deep and intense, does this indicate a need for sedation?

ANSWER: The degree of intensity of the radiation syndrome has no bearing on whether the need is for tonification or sedation. This is determined by palpating for deep or shallow tenderness. Deep tenderness of an acupoint indicates a need for sedation; shallow tenderness indicates a need for tonification.

QUESTION: What is the correlation between the radiation syndrome and the Cycle of Stimulation?

ANSWER: The intensification stage of radiation syndrome encompasses both the tonification and sedation phases of the cycle of the Law of Stimulation. Consideration is given to the factors of threshold, predisposition, oscillation, acu-exhaustion, duration and intensity in acupressure, just as in any other form of meridian therapy.

**Oscillation effect
in acupressure**

Continuous or intensive stimulation may bombard the feedback mechanism so that it is incited faster than it can respond. This delayed response results in a tendency to overtreat, causing oscillation.

Oscillation should be suspected if the tenderness of the acupoint first diminishes and then again intensifies as the treatment progresses.

An unmistakable sign of oscillation is the transference of the tenderness from superficial to deep, or vice versa.

Oscillation can be avoided by using pulsed acupressure. This gives the feedback mechanisms time to respond to the effects of the stimulation.

Pulsed acupressure

Pulsed acupressure is a rhythmic alternation of pressure applied to an acupoint. This helps to prevent oscillation, "hurts bad" sensation, or acushock effects that may occur with sustained, unvarying, or over-heavy pressure.

The technique is simply to alternate pressure-on and pressure-off at regular intervals, usually from three to twenty seconds, depending on the tolerance of the patient. Be sure the pressure-off interval is long enough for the patient's tension to ease and his respiration to return to normal.

Pulsed acupressure gives the body time to adapt to or register response to the stimulus.

When the sensation remains the same instead of intensifying during the pressure-on interval, the radiation syndrome has reached the waning stage. Treatment should continue until there is no further improvement or the tenderness is completely gone.

Many times when using acupressure on a selected acupoint, another point will become spontaneously painful. When this happens, the doctor should treat both points at the same time. This is done by an alternating pulsed pressure; i.e., apply pressure on point A while releasing pressure on point B. Then release point A and stimulate (press) point B. Keep up

this alternation until tenderness in one point subsides. Continue pulsed acupressure on the other point until both reach normalcy or acu-exhaustion.

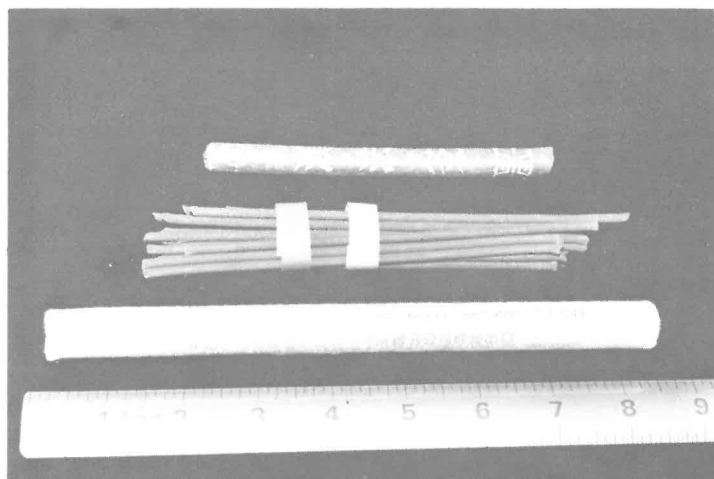
HOW TO USE MOXIBUSTION IN MERIDIAN THERAPY

Cauterization

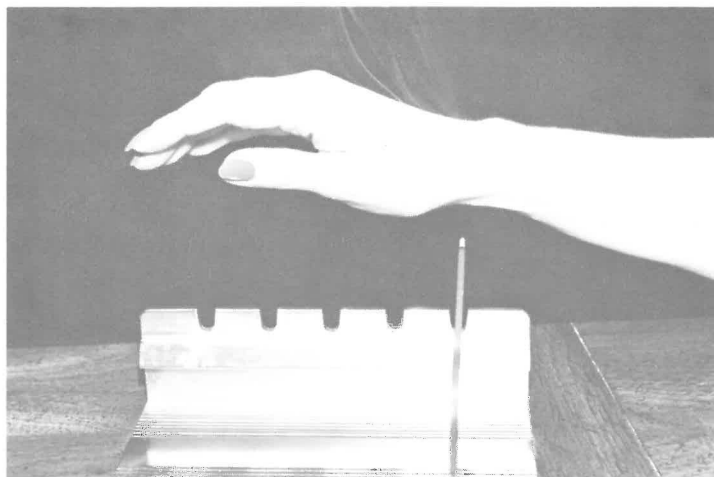
Early acupuncture manuscripts make reference to stimulation of acupoints by cauterization with red hot irons pressed into the acupoints. This was a very intense type of stimulus. Later the method was refined, and heated needles were used. About 1100 B.C. another form of cauterization of the acupoints was added and has developed into a popular and efficacious method of treatment. It is called moxibustion and consists of burning an herb called moxa. The words "cauterization" and "moxibustion" are often used synonymously in acupuncture texts.

Burning herb

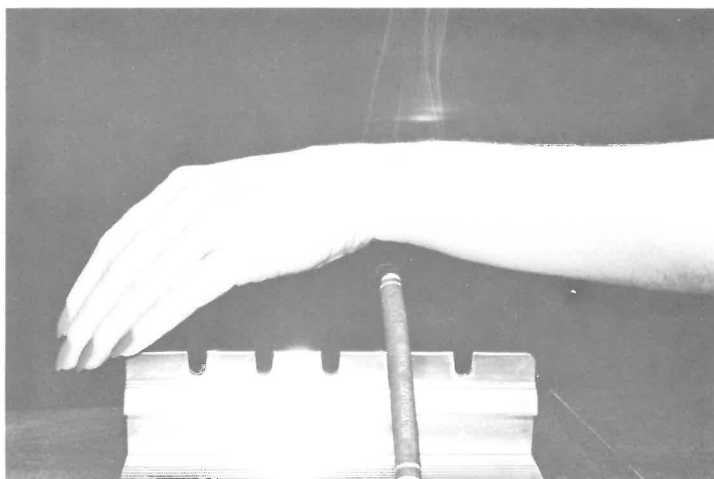
Moxibustion received its name from a contraction of the Japanese words **moe kusa**, meaning burning herb. Moxa is made by grinding the leaves of the mugwort plant (*Artemisia Vulgaris*) in much the same way tobacco is ground. Mugwort leaves have a soft, downy nap, and are similar to chrysanthemum leaves in appearance.



Three sizes of cigarette-type moxa



Using moxa in treatment



**Directly
on skin**

Originally, moxibustion consisted of forming a pellet of moxa about the size of a grain of rice, placing it directly on the acupoint, setting fire to it with a stick of incense, and allowing it to burn and create a blister on the skin. This form of stimulus had special beneficial effects due to the aromatic properties of the moxa. Both the burning moxa and the hot needles were forbidden on acupoints in areas of acute sensitivity, in creases of skin, and over tendons or ligaments where scarring could restrict movement.

Modifications

Later modifications of the method of moxibustion included placing thin slices of garlic, ginger, onion, and other such substances with beneficial properties of their own, between the skin and the burning moxa. This eliminated the scarring and discomfort to the patient, as well as adding other specific aromatic properties to be absorbed through the skin.

Another version of moxibustion also combines the stimulus of the heat with the absorption of the chemical properties produced by the burning moxa without burning and scarring the patient. A ball of moxa is attached to the handle of the inserted needle and burned, letting the heat course to the point of the needle. A small paper disc is placed on the skin to catch any falling embers or ashes.

Modern method

The most modern method of moxibustion, and the one generally accepted for use today, is to make a "cigarette" of moxa and burn it in close proximity to the acupoint, just far enough below so that the heat is not uncomfortable. The heat and the aromatic properties of the moxa rise and are absorbed into the acupoint -- "breathed in" through the skin -- and create a very beneficial stimulation.

Primary use

Although theoretically moxibustion could be used for sedation, in practical use it is primarily applied to acupoints requiring tonification. The length of time moxibustion is applied is usually three to five minutes.

HOW TO USE ULTRA-SOUND IN MERIDIAN THERAPY

In using ultra-sound for acupuncture, usually a current of medium intensity will produce a desired biting or stinging sensation over the acupoint and also produce a red nettle rash over the target area. This does not always occur, but is a good indication of effectiveness.

Each successive pass of the transducer head over the area again produces the stinging sensation.

As in pulsed acupressure, it is best to pulse the effects by moving the transducer head over a general area three to five inches square, passing the transducer over the “sting” area only once every five to fifteen seconds.

The “sting” response gradually diminishes, and the nettle rash effect coalesces into a solid area of hyperemia. When these changes occur, acu-exhaustion has been reached.

Usually a series of ultra-sound treatments is required to normalize the acupoint. The acupoint is considered normal when the nettle-sting effect does not recur during treatment.

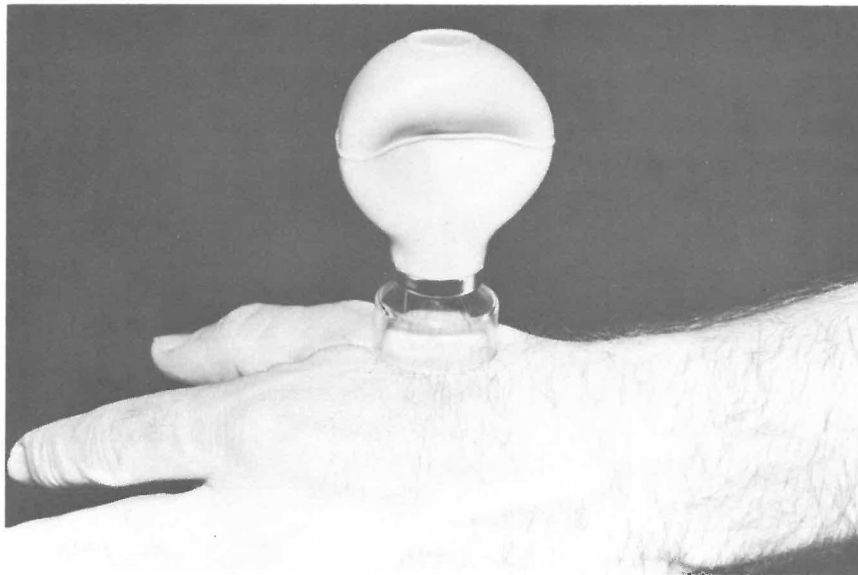
HOW TO USE VACUUM IN MERIDIAN THERAPY

The technique employed for using vacuum as a stimulus in meridian therapy is simply to create a partial vacuum to raise the area of the acupoint by attaching a suction cup, as shown in the photo. Leave the cup in place for three to five minutes.

This is a mild form of stimulation which can be used on the very young, the very old, the very weak, or when the acupoint is so sensitive the patient cannot tolerate pressure.

This may produce tonification or sedation, depending on the predisposition of the acupoint.

Since vacuum therapy is contraindicated for patients with capillary fragility, a petechiometer test is recommended before using this method.



Using vacuum in treatment

CHAPTER X

HOW TO LOCATE ACUPOINTS

Charts

As a guide to locating the acupoints, we have included a separate chart for each meridian with each point clearly marked. We have also included anterior, posterior, and lateral views of all the meridians and acupoints, to show their relationships to each other.

Palpation for tenderness

To locate a specific acupoint, first determine its general location from the chart. Since the position of an acupoint may vary slightly on some individuals, palpating for tenderness or a “hurts good” sensation is the most reliable method of finding the precise location. The center of maximum tenderness marks the acupoint.

Measurement and trial of therapy

In the absence of tenderness as a guideline, careful measurement by anatomical landmarks should be used. Then check for reaction, radiation syndrome, or symptomatic response to treatment which will indicate you have located the acupoint.

The target area

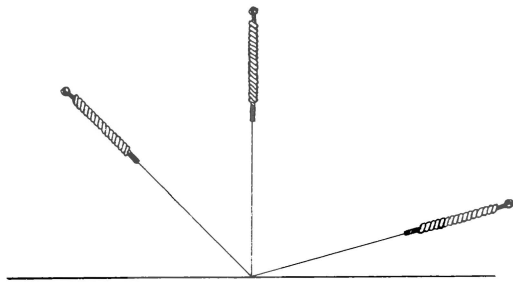
The average circumference of the center of an acupoint is 1/10” to 1/8”. Hitting the “bull’s eye” on that small a target is not always possible when inserting a needle. However, the target area extends for some distance in all directions — even halfway to the next acupoint, if they are closely spaced. While results will naturally be best if you treat the exact center of the acupoint, some degree of effectiveness is achieved if you are in the target area. The closer to the center, the better the results.

Anatomical landmarks

You will note on the charts that most of the acupoints are located in relation to easily discernible anatomical landmarks: the creases at the flexures of joints; the bones; the borders of tendons and muscles; the facial features; etc.

Measurement of distances from landmarks or between acupoints is made by using the "human inch" as defined in Chapter XI.

Angle of needle insertion



The needle is inserted into most acupoints vertically, at a 90 degree angle to the surface of the skin at that point. However, some acupoints require a 45 degree or 15 degree angle of insertion. These variations, along with recommended depths of insertion, are listed in the Reference Table of Acupoints, Chapter XIII.

Other variations in locating and treating certain acupoints which require special positions and techniques are listed below.

TIPS ON HOW TO LOCATE AND USE CERTAIN POINTS

(all measurements are in human inches)

LU-9

Using patient's right hand on his left hand, and vice versa, have him hook one thumb and forefinger through the other so that his extended thumb falls into the hollow at the base of his other palm. The tip of his forefinger will locate LU-9 in a slight indentation just distal to the radius. Insert needle at a 45 degree angle, toward elbow. (See photo.)

How to Locate Acupoints

LU-11 Insert needle at a 45 degree angle, toward wrist. This acupoint can be used for bleeding.

LI-1 Insert needle at a 45 degree angle, toward wrist. Can be used for bleeding.



How to locate LU-9



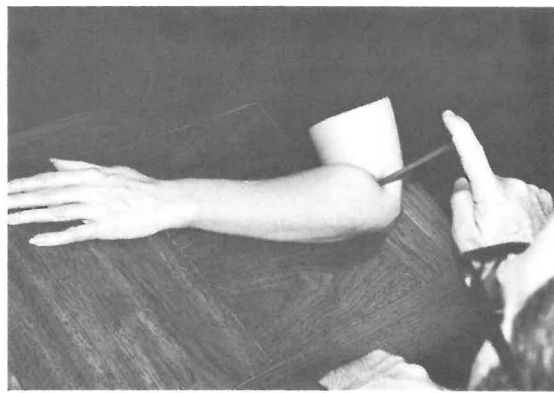
How to locate LI-4

- LI-4 To locate this point have the patient place the phalangeal crease of his thumb on the web between the extended thumb and forefinger of his other hand, then press the tip of his thumb into the dorsal angle between the first two metacarpals, adjacent to the second metacarpal. (See photo.)
- Sensation felt by the patient during treatment of LI-4 may radiate to the tips of the thumb and forefinger, to the elbow, and possibly to the shoulder.
- LI-10 To locate, flex patient's elbow; measure distally 2" from lateral end of crease to extensor digitorum communis.
- LI-11 To locate, flex patient's elbow; at lateral end of crease near medial epicondyle. (See photos.)
- LI-15 Located outside the acromio-clavicular articulation, in the hollow formed in the shoulder by raising the arm laterally. This position should be maintained for treatment, so that the needle may be inserted to a depth of 2". Deep insertion is not possible unless arm is raised. (See photo.)
- ST-4 To insert needle: with thumb just below lateral edge of lower lip and forefinger above lateral edge of upper lip, pinch flesh to form ridge and insert needle toward angle of mandible (ST-6), 1½" deep. (See photo.)

How to Locate Acupoints



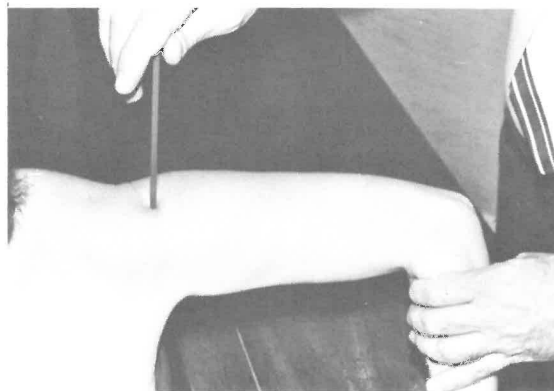
How to locate LI-10



How to locate LI-11



How to use LI-11



How to locate LI-15



How to use ST-4



How to use ST-6

- ST-6 Have patient open mouth while you insert the needle $\frac{1}{2}$ " deep into the gap toward ST-4. After needle is inserted, patient may close mouth, and it may remain closed when needle is removed. (See photo.)
- ST-9 **Precaution:** be careful to avoid the carotid artery. Needle may be inserted 1" deep at 90 degree angle.
- ST-25 Needle may be inserted $1\frac{1}{2}$ " deep. Patient reaction should be gurgling in intestines.
- ST-34 Insert needle 2" deep, at 45 degree angle toward thigh.
- ST-35 Have the patient's knee flexed to a 90 degree angle. Insert needle straight in at a 90 degree angle.
- ST-36 Sensation should radiate to ST-44.
- ST-43) Needle should be inserted toward the toes
ST-44) at a 45 degree angle.
- SP-2 Insert needle at a 45 degree angle toward center of bottom of toe.
- SP-6 Radiation should extend up and down along the meridian.
- SP-9 Radiation should extend up and down along the meridian.
- SI-5 Have the patient make a fist, then flex the wrist from side-to-side as you palpate the

postero-distal aspect of the styloid process of the ulna. You will feel a slight gap open and close. Insert needle into this gap while hand is flexed laterally.

- SI-6 Have patient hold open palm facing toward chest. You will feel with your fingers an elongated depression at the medial superior aspect of the styloid process of the ulna, which disappears when patient's hand is pronated. (See photos.)
- BL-1 Insert needle 1" deep, 1/10" above inner corner of eye. To be used only after experience has given you a steady, stable hand. In right eye, have the patient turn eyes right. In left eye, have patient turn eyes left.
- BL-2 (1) Insert needle downward at 45 degree angle, feel sensation to hairline; or
(2) Pinch the flesh between thumb and forefinger; insert needle ½" toward lateral end of eyebrow, or TH-23. (See photos.)
- BL-50)
BL-54) All should radiate sensation all the way to
BL-57) BL-67, to the end of the meridian.
- BL-60 Insert needle at slight angle, heading toward point of internal malleolus.
- KI-6 With your hand flex the patient's foot medially. You will locate the point in a small hollow about 1" below the internal malleolus. (See photo.)



**Proper position of patient's hand
when locating and treating SI-6**

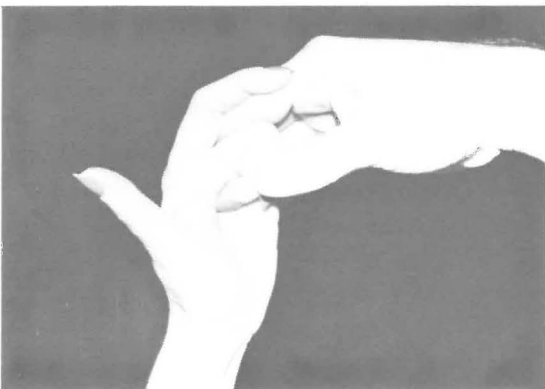


**Improper position of patient's hand
when locating and treating SI-6**

- HC-8 Located on the palm of the hand, between the second and third metacarpals at the “life line.” If you flex the patient’s middle finger completely, the tip will bend down to touch the point. (See photo.)
- TH-17 Authorities differ on the exact location of this point. Apparently there are actually two points, both of them effective. One is located at the root of the ear, anterior to the point of the mastoid. The other is located in a small hollow on the mastoid, in line with the posterior edge of the earlobe.
- TH-23 Located at the lateral extremity of the eyebrow. Pinch flesh between thumb and forefinger, insert needle so that it points toward BL-2. (See photo.)
- GB-1 Insert needle toward earlobe, along the course of the meridian.
- GB-20 Direction of needle insertion: on right side, point toward center of left eye; on left side, point toward center of right eye. 1½” depth.
- GB-30 On hip, in the hollow behind the greater trochanter, at the intersection of a horizontal line at the level 2” above the apex of the sacrum and a vertical line through the lateral edge of the gluteal crease formed when standing. Sensation should radiate to the foot along both the Gallbladder and Bladder meridians.



Two ways to treat BL-2



How to locate HC-8



How to locate KI-6



How to use TH-23

- GB-31 On external surface of thigh, about 6'' above flexure of knee. When the patient stands with his arms at his sides, the tip of the middle finger will usually locate the point. Sensation should radiate to the foot.
- GB-34 Below the head of the fibula, between the fibula and tibia. Sensation should radiate to the foot.
- VC-3) Should have sensation to penis or clitoris.
VC-4)
- VC-15 As a precautionary measure, when inserting the needle have the patient raise his arms above his head to lift the diaphragm and avoid damaging the heart or lungs.
- VC-21 Located on the median line, immediately above the superior edge of the suprasternal notch. It is safer to insert needle at 45 degree angle downward.
- VC-22 On the median line, 1'' above the superior edge of the suprasternal notch.
- VC-23 Insert needle upward at 45 degree angle, ½'' depth.
- GV-15 The needle must not be inserted more than ⅓'' straight in. However, you can insert it at a 15 degree angle upward to a depth of 1''.

CHAPTER XI

HOW TO DETERMINE THE HUMAN INCH

Proportional measurement

The ancient acupuncturist realized that a proportional measurement was necessary in order to take into consideration the difference in sizes and shapes of patients; for example, dwarfs and giants, children and adults, fat and thin. For this reason they developed a proportional measurement known as the "human inch" or "pouce."

This measurement is used for locating acupoints and for designating depth of needle insertion according to the size of the individual patient.

The human inch varies not only from person to person, but on different parts of a person's body. The length is determined by dividing the distance between two anatomical landmarks into equal parts.

Different authorities use different landmarks and different systems. The human inch measurements used in this book are based on the following system. (See illustrations.)

Area

One Human Inch [Pouce] Equals:

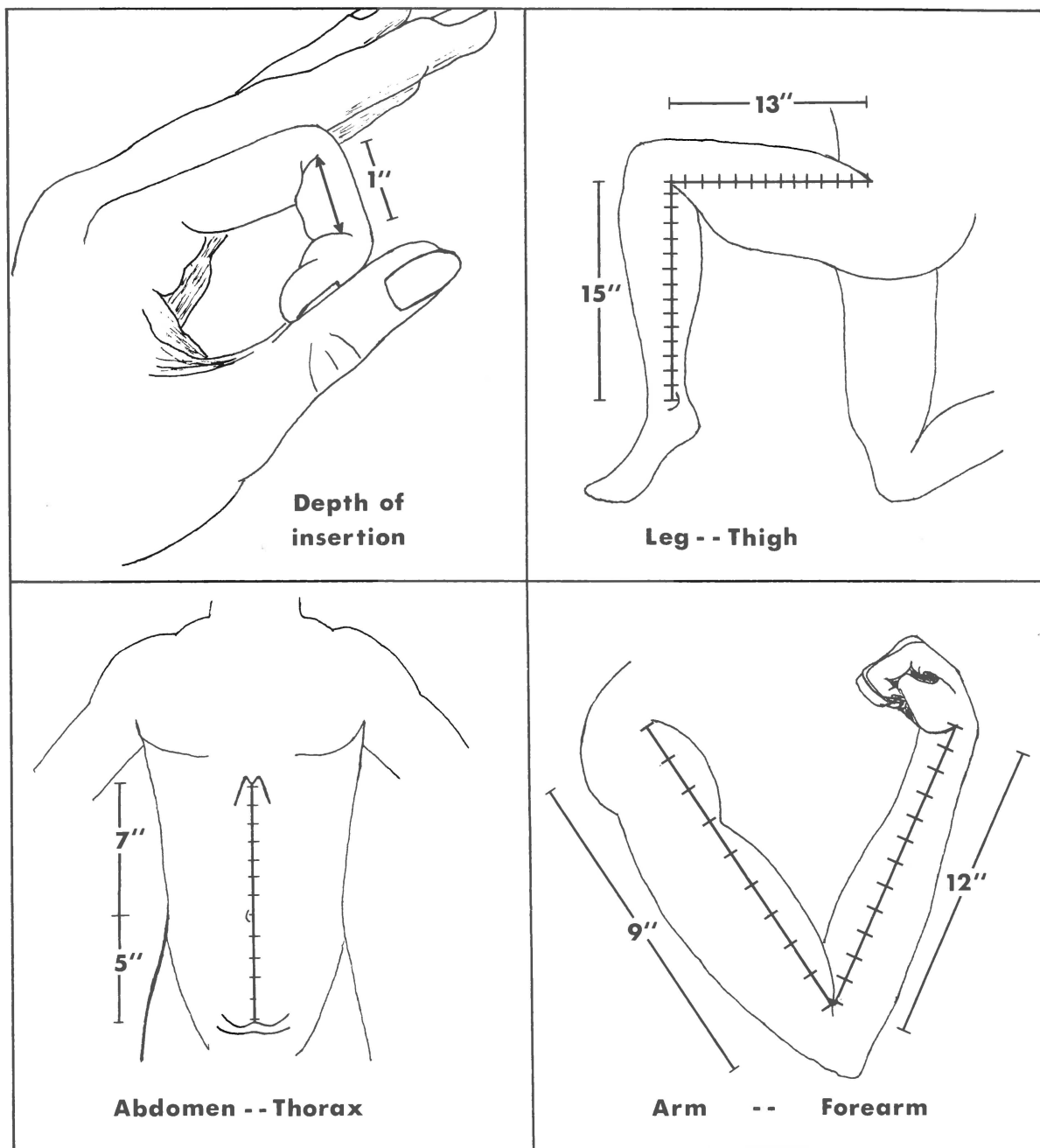
Depth of Insertion

The distance between the ends of the phalangeal creases formed when the forefinger is bent.

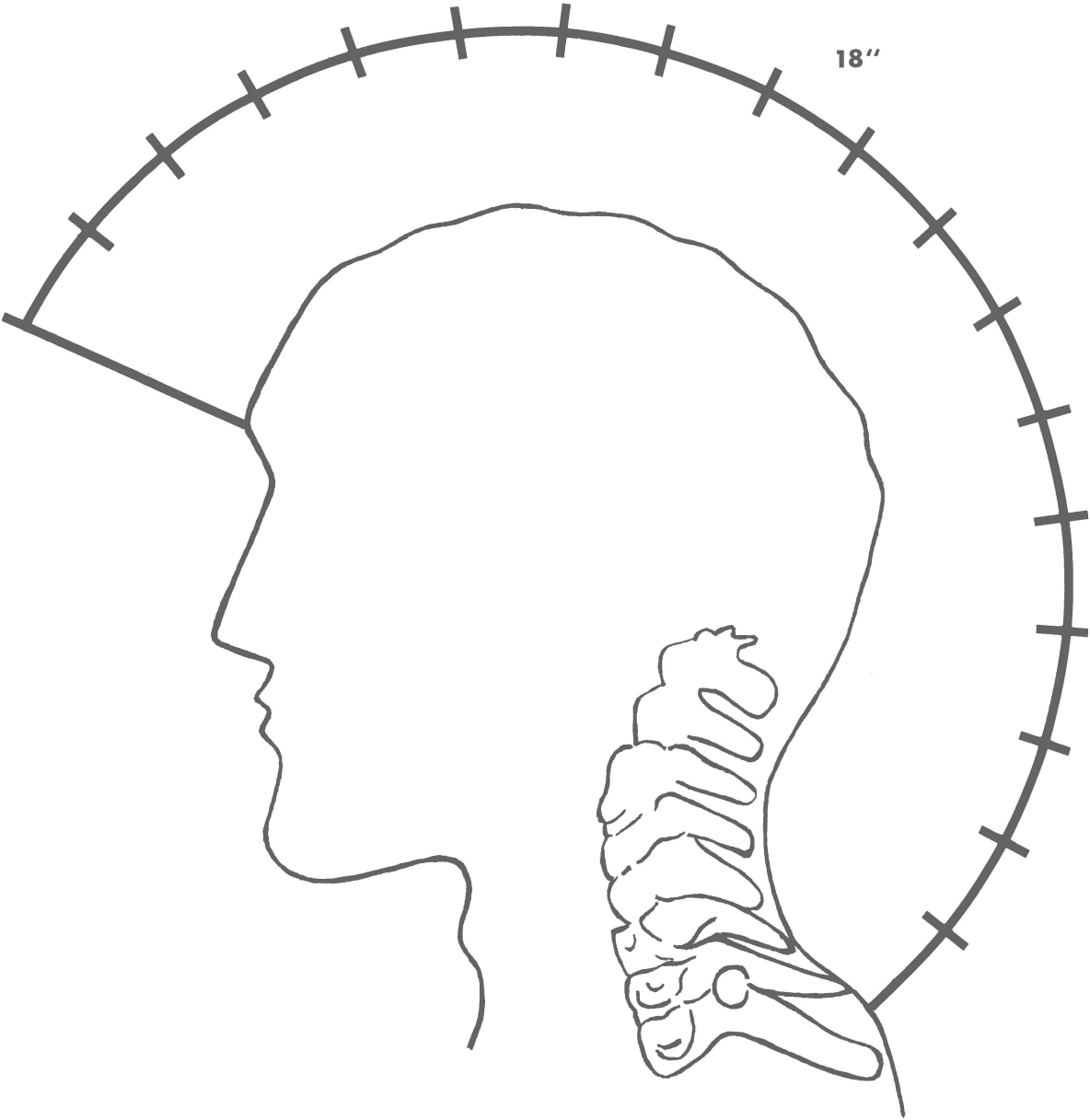
Leg

1/15th of the distance between the point of the internal malleolus and the end of the

	popliteal crease.
Thigh	1/13th of the distance between the end of the popliteal crease and the crease of the groin at the femoral artery.
Abdomen	1/5th of the distance between the superior edge of the pubis and the center of the umbilicus.
Thorax	1/7th of the distance between the center of the umbilicus and the xiphoid process.
Arm	1/9th of the distance between the crease of the axilla and the crease of the elbow.
Forearm	1/12th of the distance between the crease of the elbow and the crease of the wrist.
Cranium	1/18th of the distance from the center of the forehead at the level of the eyebrows and the intervertebral depression between the 7th cervical and 1st thoracic vertebrae.



The Human Inch



Cranium

CHAPTER XII

FORBIDDEN POINTS AND PRECAUTIONS

Authorities disagree

We have found that different treatises on acupuncture, beginning with the **Nei Ching** and continuing through recent publications, list approximately 31 points that are forbidden for the needle, 66 that are forbidden for cauterization, and six that are forbidden for either use. The problem is that many authorities don't agree on which points are forbidden . . . or for what.

It is easy to see that many points which should not be cauterized by the ancient methods of burning moxa directly on the skin can be safely stimulated with the more modern aromatic method of the cigarette-type moxa. But even the modern moxa method should not be chosen for treating acupoints around the eyes because of the irritation and discomfort to the patient.

If you were using one of the large, rigid needles of ancient times, made of bone or flint, you would not feel that you could safely insert it into the corner of the eye. However, many of today's acupuncturists are adept at treating BL-1 with a fine needle suited to the purpose.

Many acupoints previously considered forbidden are now used regularly, thanks to improved instruments and techniques.

The opinions of various authorities as to precautions that should be taken when using certain acupoints are included in the Reference Table of Acupoints, Chapter

XIII, so that you may be alerted to the possibility of the need for caution.

Practical guide

As a result of our own experience and after consultation with dozens of highly experienced practitioners, we believe the following to be a safe and practical guide for general use:

1) The word "forbidden" is in reality a misinterpretation of intent. The Masters of Acupuncture caution that wisdom and judgment must be used in treating certain acupoints. They are forbidden . . . sometimes.

2) Any acupoint may be used with a choice of methods, or any method may be used with a choice of acupoints.

3) Common sense will tell you when a particular method should not be used on an acupoint located where pain, damage, or harm might result. For instance, needle insertion in VC-8 in the center of the navel or ST-17 in the center of the nipple would be painful and dangerous, but the modern absorption method of moxibustion or mild acupressure could be used. No form of stimulus should be applied to SP-1 and SP-2 on a pregnant woman, but any form may be used on other patients. You would naturally not apply pressure or insert a needle into the fontanel of a child, GV-22, nor would you burn moxa in the corner of the eye, BL-1.

4) Avoid piercing arteries, veins, nerves, ligaments, glands, or organs.

Common sense

The primary precaution is simply to use good judgment and common sense in combining the method and extent of treatment with the acupoint to be treated.

CHAPTER XIII

REFERENCE TABLE OF ACUPOINTS AND MERIDIANS

Names and locations of acupoints

Included in this chapter are lists of the acupoints of the 12 main bilateral meridians and the two unilateral meridians by their Chinese names and their English names, along with a separate chart for each meridian showing locations of the acupoints.

We have also included the average depth of needle insertion, but this may vary with the weight and size of the patient. On most acupoints, the needle is inserted at a 90 degree angle to the surface of the skin. Notations have been made of deviations from this standard. Comments have also been made on special uses, particular postures of the patient, and precautions in regard to certain points.

Meanings of names

You will note that the names of many of the acupoints are indicative of the areas in which they are located, or of the conditions or areas for which they are effective.

Abbreviations and pronunciation

For example, LI-12, Elbow Bone, and LI-15, Shoulder Bone, obviously indicate the location of the acupoints. Prostrate Rabbit describes the location of ST-32 on the thigh where it is rounded like the back of a prostrate rabbit; Welcome Fragrance, LI-20, is effective in nasal disorders; Receive Tears, ST-1, and Bright Light, GB-37, are effective in disorders of the eye; Hearing Assembly, GB-2, and Listening Palace, SI-19, are effective in hearing disorders, etc.

A chart of abbreviations for the meridians and a guide to pronunciation of Chinese words are included in this chapter.

Charts for framing

An extra set of charts of the meridians has been placed in the back of the book. They are suitable for framing, and are valuable as references in the treatment room.

ABBREVIATIONS FOR THE 12 BILATERAL MERIDIANS

The Meridian of the Lung.....	LU (Yin)
The Meridian of the Large Intestine.....	LI (Yang)
The Meridian of the Stomach.....	ST (Yang)
The Meridian of the Spleen.....	SP (Yin)
The Meridian of the Heart.....	HT (Yin)
The Meridian of the Small Intestine.....	SI (Yang)
The Meridian of the Bladder.....	BL (Yang)
The Meridian of the Kidney.....	KI (Yin)
The Meridian of the Heart Constrictor.....	HC (Yin)
The Meridian of the Tri-Heater.....	TH (Yang)
The Meridian of the Gallbladder.....	GB (Yang)
The Meridian of the Liver.....	LV (Yin)

THE TWO MIDLINE MERIDIANS

The Meridian of the Governing Vessel.....	GV (Yang)
The Meridian of the Vessel of Conception.....	VC (Yin)

GUIDE TO PRONUNCIATION OF CHINESE WORDS

Many sounds and words in the Chinese language are almost impossible to duplicate with the English alphabet. However, Western Sinologists have adopted a fairly standard system in translation which approximates the Chinese pronunciation to some degree. This is the system we have followed in this book, particularly in listing the Chinese names of the meridians and acupoints. The rules are as follows:

VOWELS:

a as in father
e as in ten
i as in machine
o as in order
u as in moon

CONSONANTS:

ch - zh sound as the **g** in beige
ch' as in chin
hs as the **sh** in shoe
j as the **r** in run
k as the **g** in go
k' as the **c** in cat
p as the **b** in boy
p' as the **p** in pie
t as the **d** in dog
t' as the **t** in time
ts and **tz** as the **ds** in beads
t's and **t'z** as the **ts** in meets

DOUBLE VOWELS:

ai as in aisle
ao as in how
ei as in eight
ou as in shoulder
ua as in water

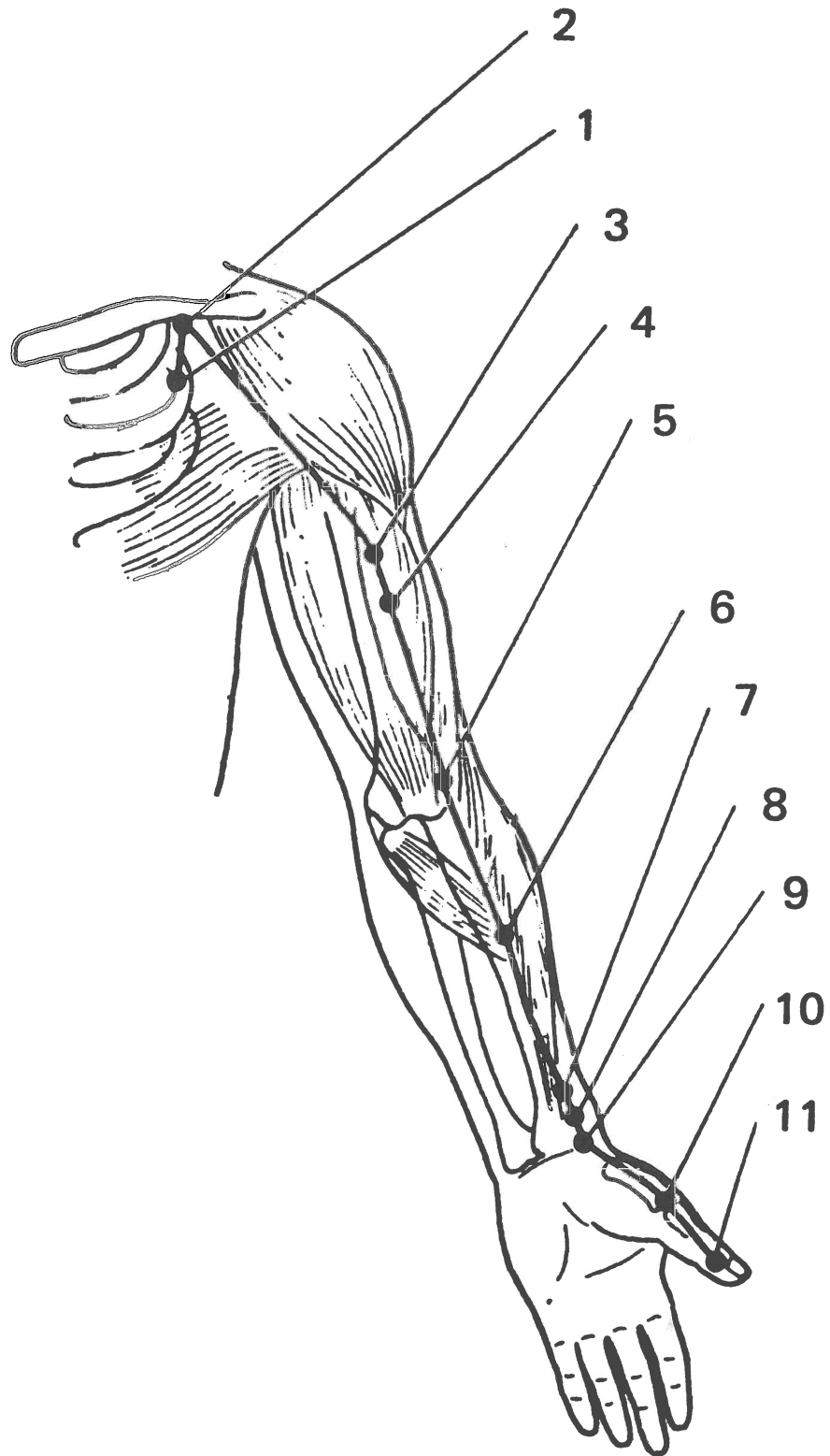
OTHER SOUNDS:

en as the **un** in bun
eng as the **ung** in sung
ih as the **ir** in bird
u before **n** or **ng** as in burn
uai as the **wi** in wide
uei as the **wa** in way

FEI CHING — LUNG MERIDIAN [LU]
[All measurements are in human inches]

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
LU- 1	Chung Fu	Mansion of the Center	½"	Do not insert needle too deeply.
LU- 2	Yun Men	Gate of Cloud	1"	
LU- 3	T'ien Fu	Mansion of the Sky	1"	Do not puncture ligament.
LU- 4	Hsieh Pai	Chivalry White	1"	
LU- 5	Ch'ih Tsuh	One-Foot Marsh	½"	
LU- 6	K'ung Tsui	Tiny Opening	1"	45 degree angle upward or downward. Also for bleeding.
LU- 7	Lieh Ch'ueh	Distinct Depression	¼"	
LU- 8	Ching Chu	Meridian Gutter	¼"	
LU- 9	T'ai Yuan	Deeper Abyss	⅓"	
LU-10	Yu Chi	Edge of Fish's Abdomen	⅓"	
LU-11	Shao Shang	Young Merchant	¼"	

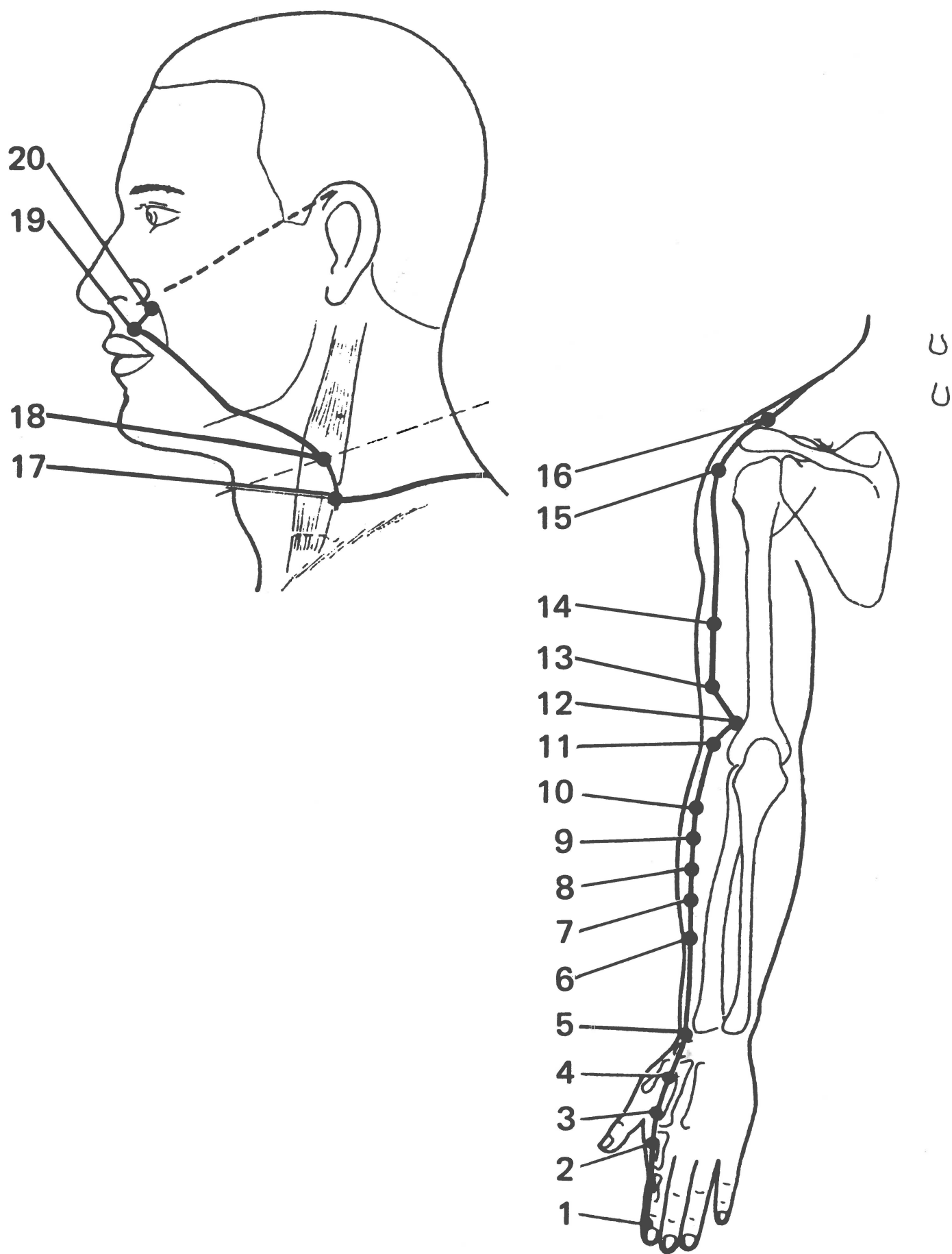
LUNG MERIDIAN (LU)



TA CH'ANG CHING — LARGE INTESTINE MERIDIAN [LI]
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
LI- 1	Shang Yang	Consultant Yang	¼"	45 degree angle up-ward or downward. Also for bleeding.
LI- 2	Erh Chien	Second Interval	¼"	
LI- 3	San Chien	Third Interval	¼"	
LI- 4	Ho Ku	Converging of Valley	1"	Toward HC-8
LI- 5	Yang Ch'i	Stream of Yang	½"	
LI- 6	P'ien Li	Inclined Passage	¼"	
LI- 7	Wen Liu	Warm Current	½"	
LI- 8	(Shou)	(Arm)		
	Hsia Lien	Lower Angle	1"	
LI- 9	(Shou)	(Arm)		
	Shang Lien	Upper Angle	1"	
LI-10	(Shou)	(Arm)		
	San Li	Three Miles	1"	
LI-11	Ch'u Ch'ih	Crooked Pond	2"	Insert slowly. Do not puncture ligament.
LI-12	Chou Liao	Elbow Bone	1"	
LI-13	(Yang) Wu Li	(Yang) Five Miles	1"	Use caution. Some say forbidden for needle.
LI-14	Pei Nao	Outer Bone of Arm	1"	Same as LI-13.
LI-15	Chien Yu	Shoulder Bone	2"	Raise patient's arm laterally.
LI-16	Chu Ku	Large Bone	1"	
LI-17	T'ian Ting	Heavenly Vessel	1"	
LI-18	Fu Tu	Support Uphill	1"	
LI-19	Ho Liao	Mouth Bone	¼"	
LI-20	Ying Hsiang	Welcome Fragrance	¼"	

LARGE INTESTINE MERIDIAN (LI)



WEI CHING — STOMACH MERIDIAN [ST]

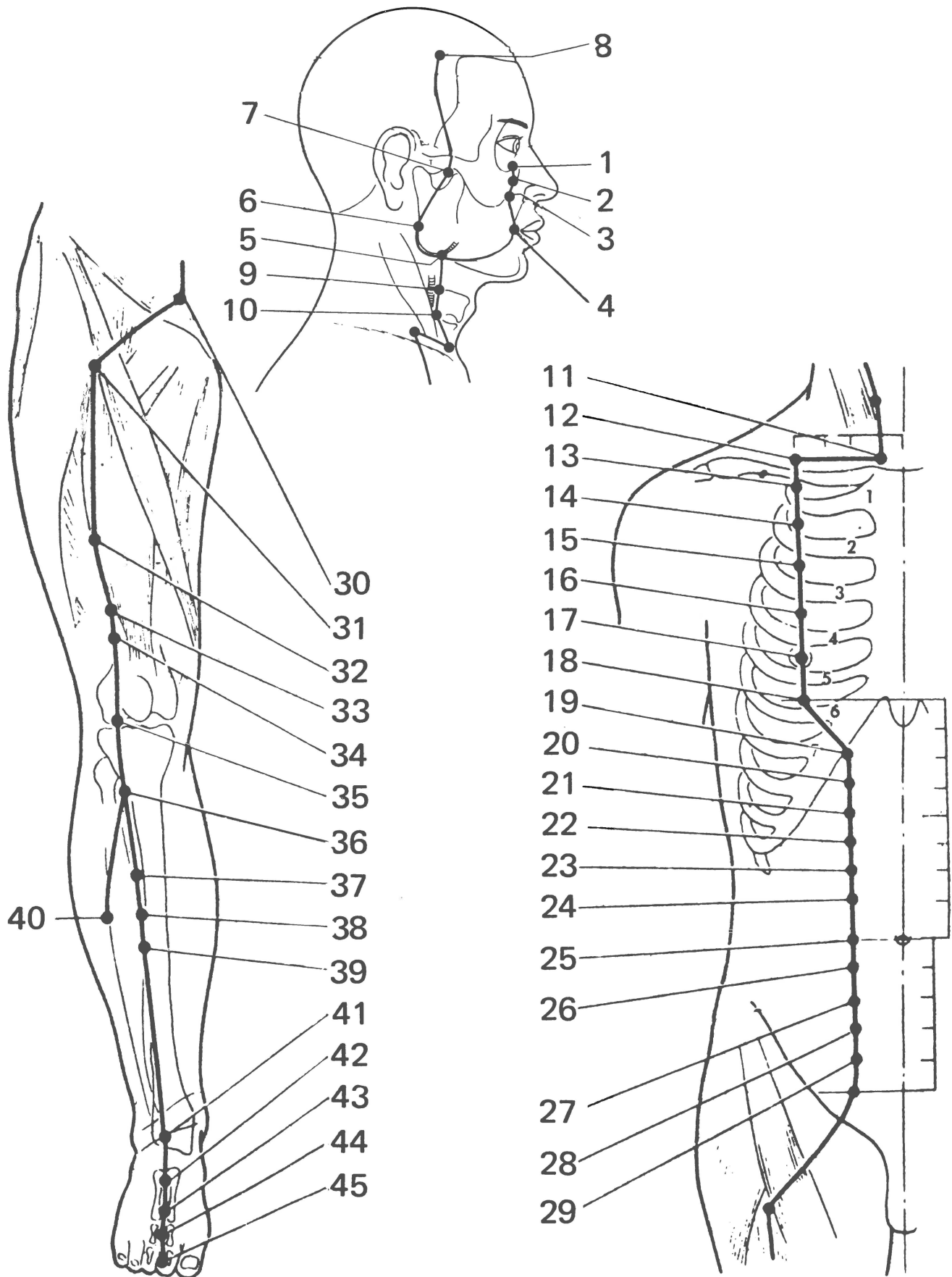
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
ST- 1	Ch'eng Ch'i	Receive Tears	¼"	Considered forbidden by some.
ST- 2	Si Pai	Four Whites	⅓"	
ST- 3	Chu Liao	Big Cheekbone	⅓"	
ST- 4	Ti Ts'ang	Storehouse of Earth	½"	Pinch and insert.
ST- 5	Ta Ying	Great Welcome	⅓"	
ST- 6	Chia Ch'e	Wheel of the Mandible	½"	Insert to- ward ST-4.
ST- 7	Hsia Kuan	Lower Passageway	¼"	
ST- 8	T'ou Wei	Binding of the Head	¼"	Also for bleeding.
ST- 9	Jen Ying	People Welcome	½"	PRECAU- TION: Do not pierce carotid artery. Some say forbid- den for needle.
ST-10	Shui T'u	Swift Water	½"	
ST-11	Ch'i She	Shelter of Air	½"	
ST-12	Ch'ueh P'en	Half a bowl	⅓" only	No deeper than ⅓". Some say forbidden for needle.
ST-13	Ch'i Hu	Home of Air	½"	
ST-14	K'u Fang	Storehouse	½"	
ST-15	Wu I	Room Screen	½"	
ST-16	Ying Ch'uang	Breast Window	½"	
ST-17	Ju Chung	Center of Nipple		FORBIDDEN
ST-18	Ju Ken	Root of Nipple	½"	
ST-19	Pu Jung	No Admittance	½"	
ST-20	Ch'eng Man	Receiving Fullness	½"	

SEMINAR OF ACUPUNCTURE

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
ST-21	Liang Men	Beam Door	1"	
ST-22	Kuan Men	Gate Door	1"	
ST-23	T'ai I	Universal	2"	
ST-24	Hua Ju Men	Door for Lubrication of Food	2"	
ST-25	T'ien Ch'u	Heavenly Pivot	2"	
ST-26	Wai Ling	Outer Monument	2"	
ST-27	Ta Chu	Very Great	2"	
ST-28	Shui Tao	Pathway of Water	2"	
ST-29	Kuei Lai	The Return	2"	
ST-30	Ch'i Ch'ung	Rushing Chi	½"	Do not insert needle too deeply.
ST-31	Pi Kuan	Entrance to Thigh	2"	
ST-32	Fu Tu	Prostrate Rabbit	2"	
ST-33	Yin Shih	Yin Market	2"	Insert needle 45 degree angle upward.
ST-34	Liang Ch'iu	Main Hill	2"	Insert needle 45 degree angle upward.
ST-35	Tu Pi	Nose of Calf	1"	
ST-36	(Tsu) San Li	(Leg) Three Miles	2"	Either straight in or 45 degree angle downward.
ST-37	(Tsu)	(Leg)		
	Shang Lien	Upper Great Void	2"	
ST-38	T'iao K'ou	Line Mouth	1½"	
ST-39	(Tsu) Hsia Lien	(Leg) Lower Great Void	1½"	
ST-40	Feng Lung	Abundant Bulge	2"	
ST-41	Chieh Ch'i	Dissolve Stream	½"	
ST-42	Ch'ung Yang	Thrust of Yang	½"	Do not pierce artery
ST-43	Hsien Ku	Sinking Valley	½"	
ST-44	Nei T'ing	Inner Courtyard	½"	45 degree angle downward.
ST-45	Li Tui	General Exchange	¼"	

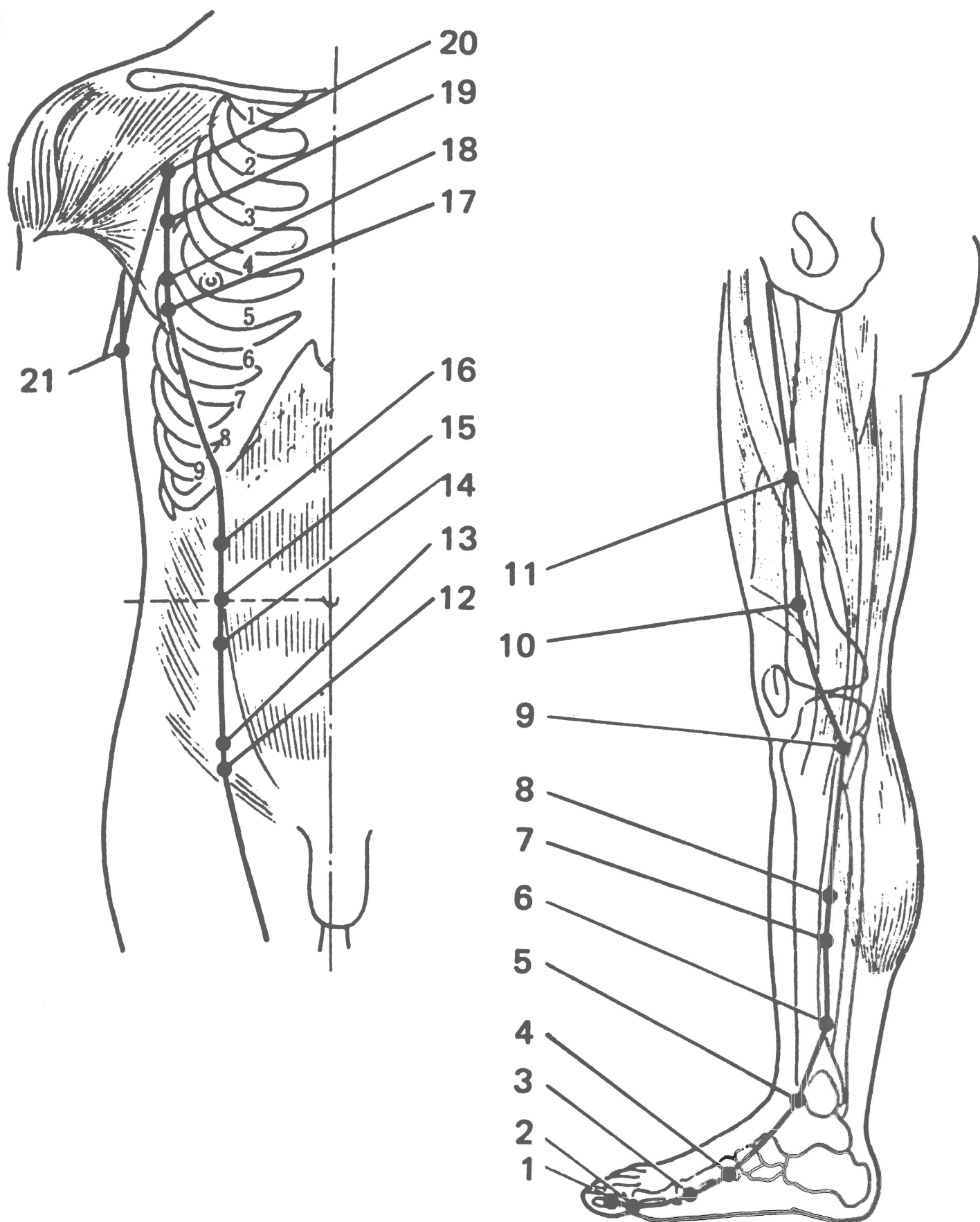
STOMACH MERIDIAN (ST)



P'I CHING — SPLEEN MERIDIAN [SP]
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
SP- 1	Yin Pai	Hidden White	¼"	Forbidden
SP- 2	(Tsu) Ta Tu	(Leg) Big Capitol	¼"	in pregnancy Forbidden
SP- 3	T'ai Pai	Supreme Whiteness	¼"	in pregnancy
SP- 4	Kung Sun	Grandfather-Grandson	½"	
SP- 5	Shang Ch'iu	Merchant Wound	½"	
SP- 6	San Yin Chiao	Intersection of Three Yin Meridians (Kidney-LV-SP).	1½"	
SP- 7	Lou Ku	Leaky Valley	½"	
SP- 8	Ti Chi	Earth Organ	2"	
SP- 9	Yin Ling Ch'uan	Yin Fountain Monument	3"	Toward GB-34.
SP-10	Hsueh Hai	Sea of Blood	2"	Do not punc- ture artery.
SP-11	Chi Men	Basket Door	2"	Do not punc- ture artery.
SP-12	Ch'ung Men	Rushing Door	2"	
SP-13	Fu She	Home of High Official	2"	
SP-14	Fu Chieh	Abdomen Knot	2"	
SP-15	Ta Hung	Large Transverse Colon	2"	
SP-16	Fu Ai	Abdomen Sorrow	2"	
SP-17	Shih Tou	Food Drain	1"	
SP-18	T'ien Ch'i	Heavenly Stream	½"	
SP-19	Hsiung Hsiang	Chest Village	½"	
SP-20	Chou Jung	Encircling Glory	½"	
SP-21	Ta Pao	Commander of Luo Points	½"	

SPLEEN MERIDIAN (SP)

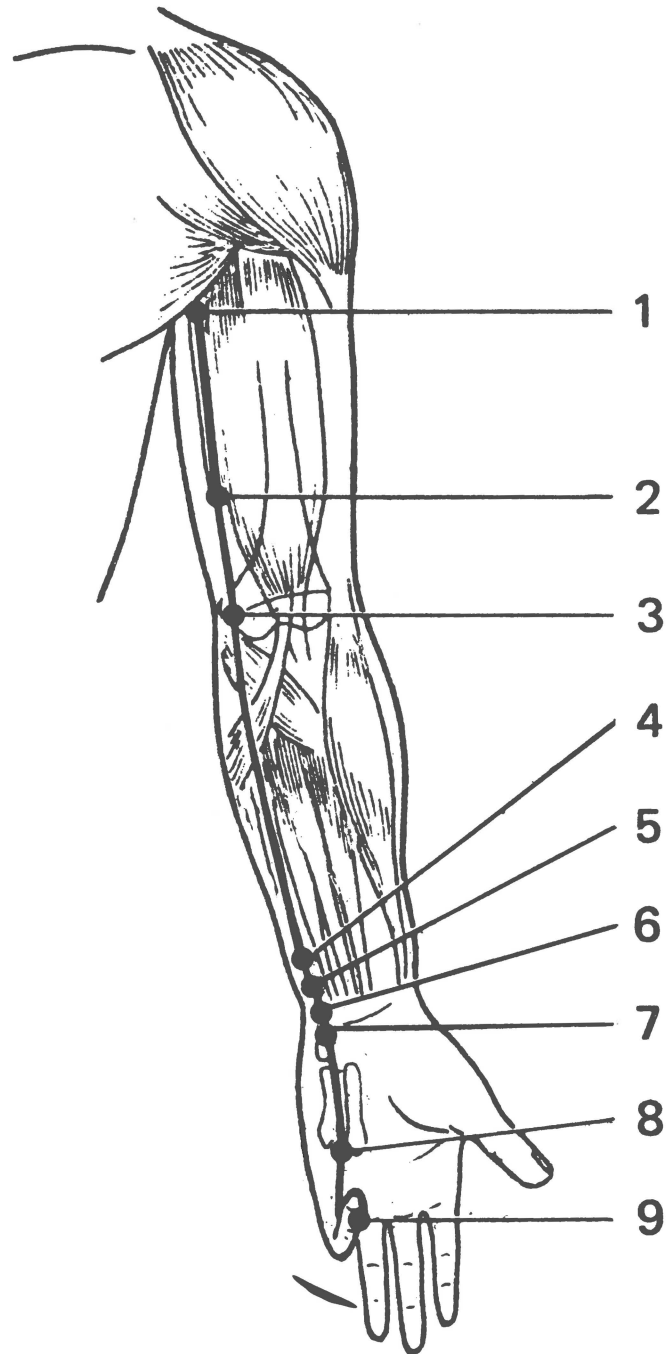


HSIN CHING — HEART MERIDIAN [HT]

(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
HT- 1	Chi Ch'uan	Extreme Fountain	½"	Do not pierce vein or ligament. Some say forbidden for needle.
HT- 2	Ch'ing Ling	Youth Energy Concentration	½"	
HT- 3	Shao Hai	Lesser Sea	1"	
HT- 4	Ling Tao	Pathway for Concentrated Energy	½"	Also for bleeding.
HT- 5	T'ung Li	Penetrating Inside	⅓"	
HT- 6	Yin Ch'i	Yin Accumulation	¼"	
HT- 7	Shen Men	Gate of God	⅓"	
HT- 8	Shao Fu	Lesser Mansion	½"	
HT- 9	Shao Ch'ung	Lesser Thrust	¼"	

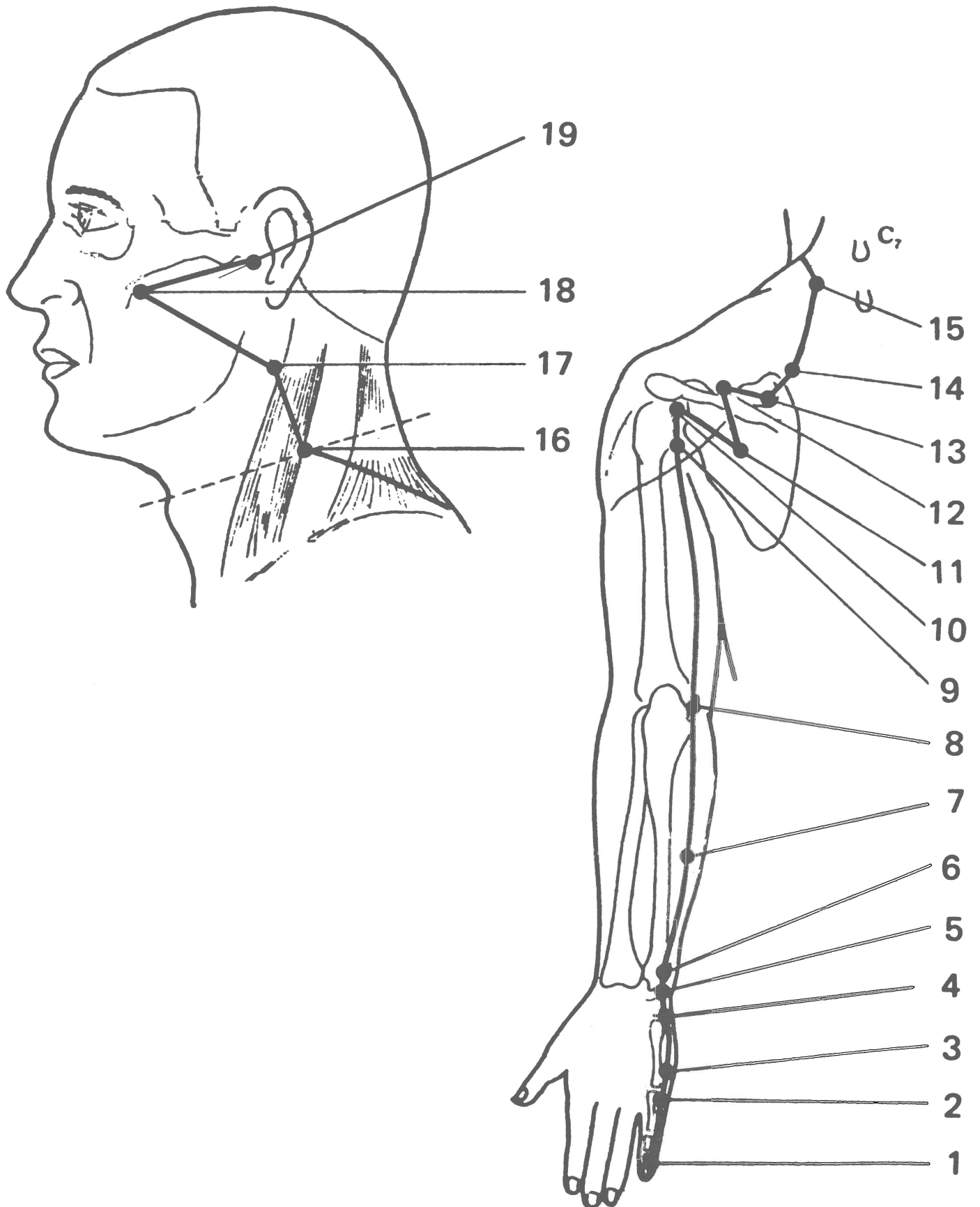
HEART MERIDIAN (HT)



HSIAO CH'ANG CHING — SMALL INTESTINE MERIDIAN [SI]
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
SI- 1	Shao Chih	Lesser Marsh	¼"	Also for bleeding.
SI- 2	Ch'ien Ku	Front Valley	¼"	
SI- 3	Hou Ch'i	Back Stream	½"	
SI- 4	Wan Ku	Wrist Bone	⅓"	
SI- 5	Yang Ku	Yang Valley	⅓"	
SI- 6	Yang Lao	Yang Nourishment for Aged	¼"	
SI- 7	Chih Cheng	Straight Branch	½"	
SI- 8	Hsiao Hai	Small Sea	½"	
SI- 9	Chien Chen	Shoulder Chastity	2"	
SI-10	Nao Yu	Cure for Upper Arm	1"	
SI-11	T'ien Tsung	Heavenly Ancestor	½"	
SI-12	Ping Feng	Facing the Wind	1"	
SI-13	Ch'u Yuan	Crooked Wall	½"	
SI-14	Chien Wai Yu	Outer Associated Point for the Shoulder	½"	
SI-15	Chien Chung Yu	Center Associated Point for the Shoulder	1"	
SI-16	T'ien Ch'uang	Heavenly Window	½"	
SI-17	T'ien Jung	Heavenly Appearance	½"	
SI-18	Ch'uan Liao	Cheek Bone	¼"	
SI-19	T'ing Kung	Listening Palace	½"	

SMALL INTESTINE MERIDIAN (SI)



P'ANG KUANG CHING — BLADDER MERIDIAN [BL]
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
BL- 1	Ching Ming	Eyes Bright	1''	With caution, after experienced.
BL- 2	T'zan Chu	Drilling Bamboo	1''	Pinch flesh, insert needle toward lateral end of eyebrow, or at 45 degree angle. Also bleeding.
BL- 3	Mei Ch'ung	Eyebrow Thrust	¼''	Also for bleeding.
BL- 4	Ch'u Cha	Crooked Servant	¼''	Also for bleeding.
BL- 5	Wu Ch'u	Five Places	¼''	15 degree angle toward back of head.
BL- 6	Ch'en Kuang	Receive Light	¼''	Also for bleeding.
BL- 7	T'ung T'ien	Penetrate Heaven	¼''	
BL- 8	Luo Ch'ueh	Liaison Refused	¼''	Insert needle at 45 degree angle forward.
BL- 9	Yu Chen	Jade Pillow	½''	Insert needle at 45 degree angle downward.
BL-10	T'ien Chu	Heavenly Pillar	1''	
BL-11	Ta Chu	Big Shuttle	½''	
BL-12	Feng Men	Gate of the Wind	½''	
BL-13	Fei Yu	Associated Point for Lung	½''	
BL-14	Chueh Yin Yu	Associated Point for Absolute Yin	½''	

SEMINAR OF ACUPUNCTURE

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
BL-15	Hsin Yu	Associated Point for Heart	1/2"	Some say forbidden for needle.
BL-16	Tu Yu	Associated Point for Governing Vessel	1/2"	
BL-17	Ko Yu	Associated Point for Diaphragm	1/2"	
BL-18	Kan Yu	Associated Point for Liver	1"	
BL-19	Tan Yu	Associated Point for Gallbladder	1"	Especially good for venereal disease, leukorrhea, urinary disorders.
BL-20	P'i Yu	Associated Point for Spleen	1"	
BL-21	Wei Yu	Associated Point for Stomach	1"	
BL-22	San Chiao Yu	Associated Point for Tri-Heater	1"	
BL-23	Shen Yu	Associated Point for Kidney	1/2"	
BL-24	Ch'i Hai Yu	Associated Point for Sea of Energy	2"	
BL-25	Ta Ch'ang Yu	Associated Point for Large Intestine	2"	
BL-26	Kuan Yuan Yu	Associated Point for Gate Origin	3"	
BL-27	Hsiao Ch'ang Yu	Associated Point for Small Intestine	2"	
BL-28	P'ang Kuang Yu	Associated Point for Bladder	2"	
BL-29	Chung Lu Yu	Associated Point for Central Spine	2"	
BL-30	Pai Huan Yu	Associated Point for White Circle	2"	

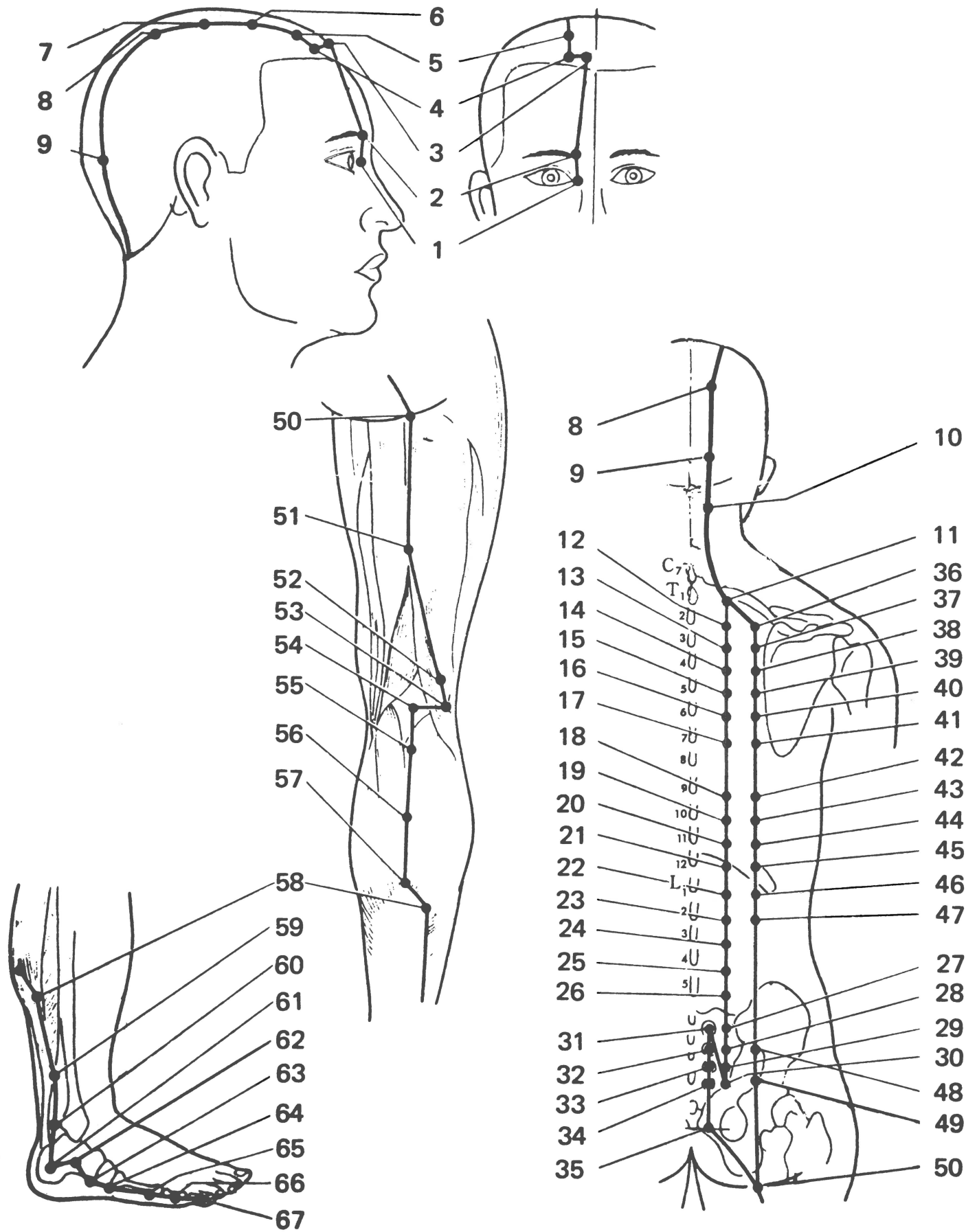
Reference Table of Acupoints

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
BL-31	Shang Liao	Upper Sacral Bone	1''	Good for heart conditions, nocturnal emission; has special effect on all chronic maladies.
BL-32	Tz'u Liao	Next Sacral Bone	1''	
BL-33	Chung Liao	Center Sacral Bone	1''	
BL-34	Hsia Liao	Lower Sacral Bone	1''	
BL-35	Hui Yang	Meeting of Yang	1½''	
BL-36	Fu Fen	Additional Branch	½''	
BL-37	P'ei Hu	Home of the Soul	½''	
BL-38	Kao Huang	Beneath the Heart	½''	
BL-39	Shen T'ang	Parlor of God	½''	Same as miracle point- Cheng Kung "Sperm Palace".
BL-40	I Hsi	Sigh of Pain	½''	
BL-41	Ko Kuan	Pathway of Diaphragm	½''	
BL-42	Hun Men	Door of the Soul	½''	
BL-43	Yang Kang	Essentials of Yang	½''	
BL-44	I She	Thought Shelter	½''	
BL-45	Wei Ts'ang	Storehouse of Stomach	½''	
BL-46	Huang Men	Gate of the Membrane of the Diaphragm	1''	
BL-47	Chih Shih	Ambition Room	2''	
BL-48	Pao Huang	Fetal Membrane	2''	
BL-49	Chih Pien	Folding Edge	2''	
BL-50	Ch'eng Fu	Receive and Assist	2''	
BL-51	Yin Men	Prosperous Gate	2''	
BL-52	Fou Ch'i	Superficial Gap	1''	

SEMINAR OF ACUPUNCTURE

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
BL-53	Wei Yang	Commanding Yang	1"	
BL-54	Wei Chung	Commanding Center	1"	Do not pierce artery.
BL-55	Ho Yang	Converging of Yang	1"	
BL-56	Ch'eng Chin	Muscle Support	1"	Some say forbidden for needle — Use Moxa.
BL-57	Ch'eng Shan	Mountain Support	1½"	Do not insert needle too deeply. Wrong location may cause swelling.
BL-58	Fei Yang	Flying High	1"	
BL-59	Fu Yang	Foot Bone Yang	1"	
BL-60	Kun Lun	Mountain in Tibet	½"	
BL-61	Pu Ts'an	Official's Aid	½"	
BL-62	Shen Mai	Extended Meridian	½"	
BL-63	Chin Men	Golden Gate	⅓"	
BL-64	Ching Ku	Capitol Bone	⅓"	
BL-65	Shu Ku	Bundle of Bones	⅓"	
BL-66	(Yang) T'ung Ku	Penetrating the Valley	1/5"	
BL-67	Chih Yin	Extremity of Yin	¼"	

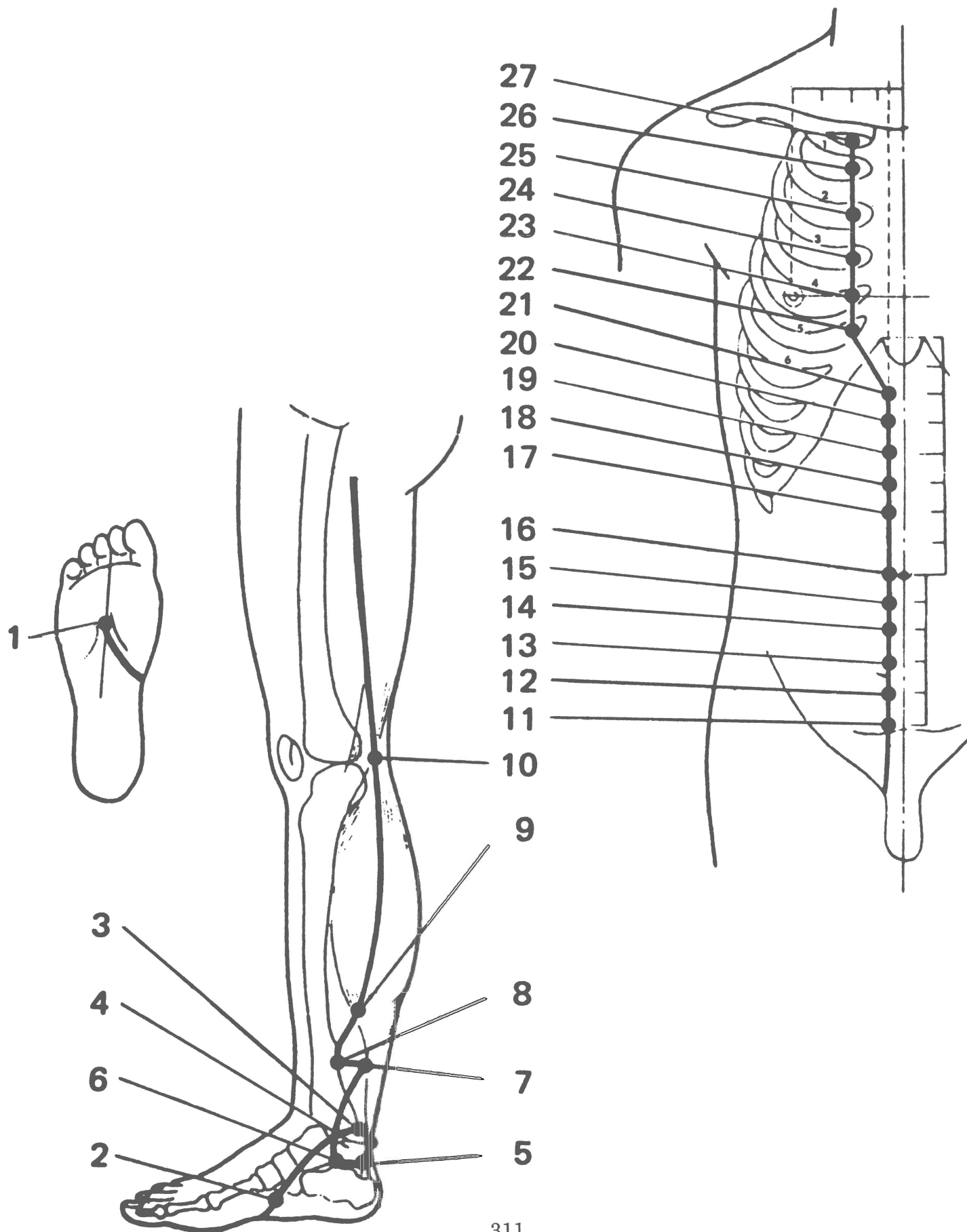
BLADDER MERIDIAN (BL)



SHEN CHING — KIDNEY MERIDIAN (KI)
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
KI- 1	Yung Ch'uan	Bubbling Spring	½"	
KI- 2	Jan Ku	Blazing Valley	½"	
KI- 3	T'ai Ch'i	Bigger Stream	½"	
KI- 4	Ta Chung	Big Bell	⅓"	
KI- 5	Shui Ch'uan	Water Spring	½"	
KI- 6	Chao Hai	Shining Sea	½"	
KI- 7	Fu Lui	Returning Current	1"	
KI- 8	Chiao Hsin	Exchange Messages	½"	
KI- 9	Chu Pin	Building Bank	1"	
KI-10	Yin Ku	Yin Valley	1"	
KI-11	Hung Ku	Transverse Bone (Pubis)	1½"	Some say needle for- bidden. Good for moxa.
KI-12	Ta Ho	Big Brightness	3"	
KI-13	Ch'i Hsueh	Energy Hole	3"	
KI-14	Ssu Man	Four Full	2½"	
KI-15	Chung Chu	Central Injection	2"	
KI-16	Huang Yu	Point associated with Membrane	2"	
KI-17	Shang Ch'u	Merchant's Tune	2"	
KI-18	Shih Kuan	Stone Pathway	2"	
KI-19	Yin Tu	Capitol of Yin	1"	
KI-20	Yin T'ung Ku	Path Through to Valley	1"	
KI-21	Yu Men	Gate of Hades (The Pylorus)	1"	
KI-22	Pu Lang	Walking Corridor	½"	
KI-23	Shen Feng	God's Area	⅓"	
KI-24	Ling Ch'u	Spirit Burial Ground	⅓"	
KI-25	Shen Ts'ang	Hiding Place for God	⅓"	
KI-26	Huo Chung	Amidst Elegance	⅓"	
KI-27	Yu Fu	Home of Associated Points	⅓"	

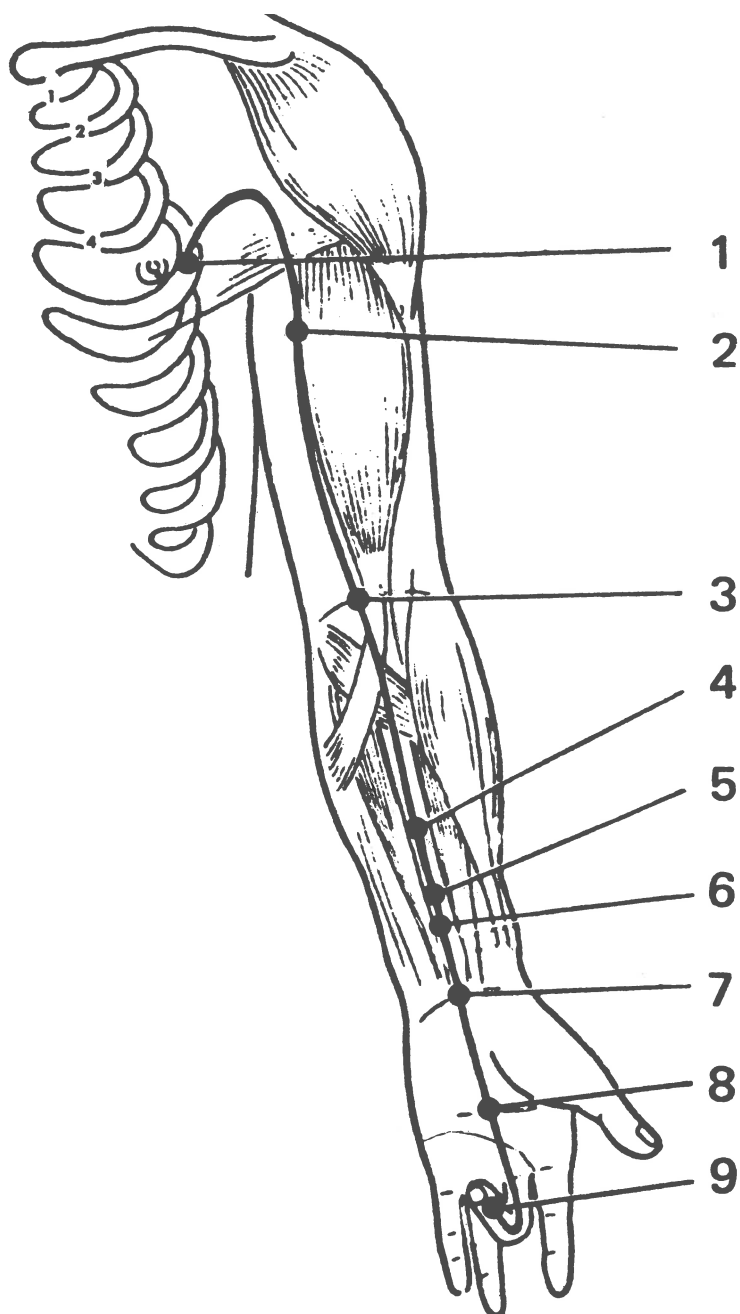
KIDNEY MERIDIAN (KI)



HSIN PAO LO CHING — HEART CONSTRICTOR MERIDIAN (HC)
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
HC- 1	T'ien Ch'ih	Heavenly Pond	1/3"	
HC- 2	T'ien Ch'uan	Heavenly Fountain	1/2"	
HC- 3	Chu Tsuh	Crooked Marsh	1/2"	Also for bleeding.
HC- 4	Ch'i Men	Accumulation Door	1"	
HC- 5	Chien Shih	The Intermediary	1"	
HC- 6	Nei Kuan	Inner Passageway	2"	Toward TH-5.
HC- 7	Ta Ling	Big Monument	1/3"	
HC- 8	Lao Kung	Palace of Labor	1/2"	
HC- 9	Chung Ch'ung	Central Thrust	1/10"	Also for bleeding.

HEART CONSTRICTOR MERIDIAN (HC)



SAN CHIAO CHING — TRI-HEATER MERIDIAN (TH)

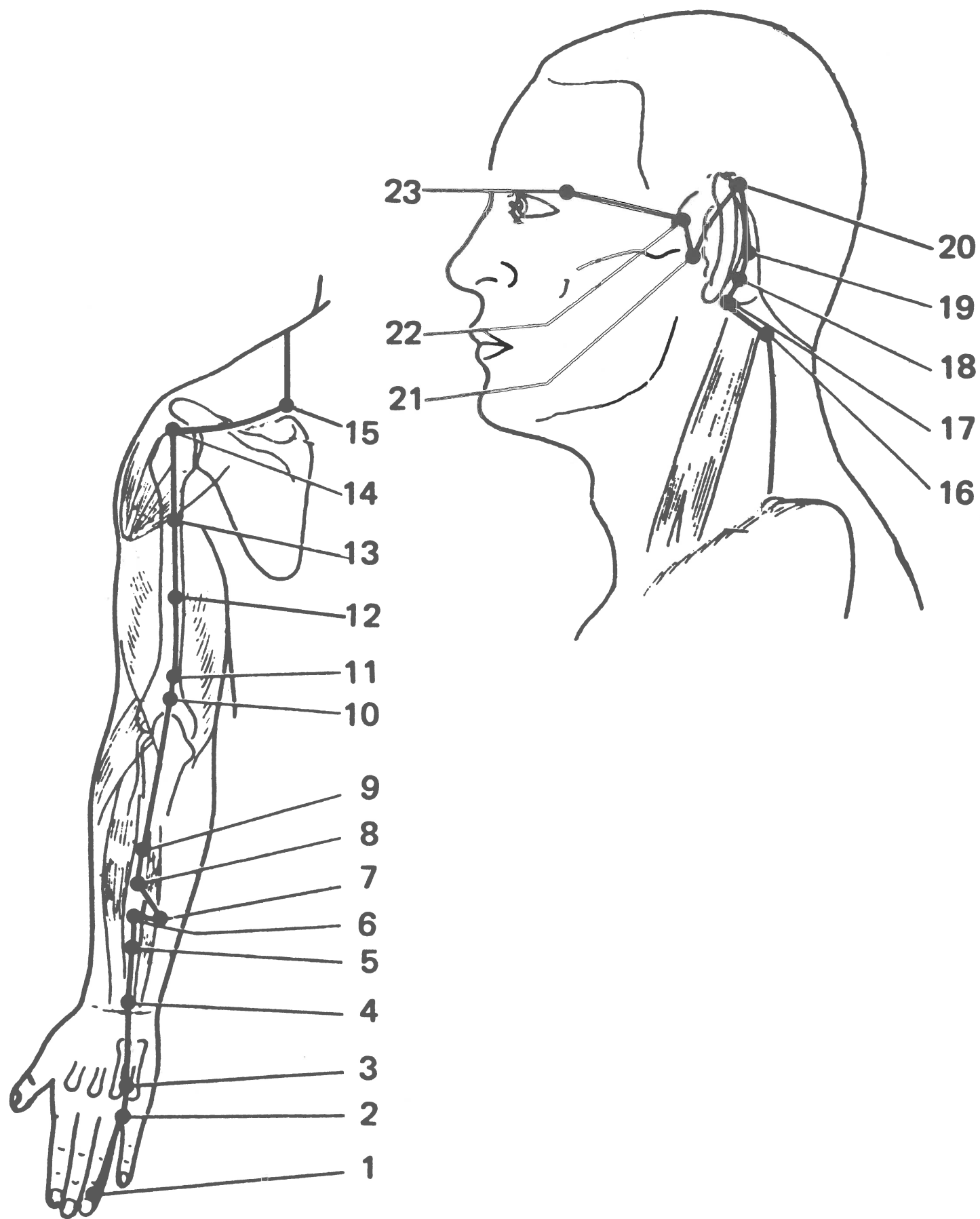
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
TH- 1	Kuan Ch'ung	Passageway for Thrust	1/10"	Also for bleeding.
TH- 2	Yeh Men	Fluid Gate	1/5"	
TH- 3	Chung Chu	Central Islet	1/2"	
TH- 4	Yang Ch'ih	Yang Pond	1/3"	
TH- 5	Wai Kuan	Outer Passageway	2"	Angle to connect with HC-6.
TH- 6	Chih Kou	Branch Ditch	1"	
TH- 7	Hui Tsung	Meet and Follow	1"	Some say forbidden for needle.
TH- 8	San Yang Luo	Three Yang Luo Point	1/2"	Some say forbidden. CAUTION: artery.
TH- 9	Ssu Tu	Four Gutters	1"	
TH-10	T'ien Ching	Heavenly Well	1/2"	
TH-11	Ch'ing Leng Yuan	Pure, Cold, Deep Water	1/2"	
TH-12	Hsiao Luo	Thawing Luo River	1/2"	
TH-13	Nao Hui	Meet the Upper Arm	1"	
TH-14	Chien Liao	Shoulder Bone	1 1/2"	
TH-15	T'ien Liao	Heavenly Bone	1"	
TH-16	T'ien Yeou	Window of Heaven	1/2"	
TH-17	I Feng	Obscured by the Wind	1/2"	
TH-18	Chi Mei	Feeding Meridians	1/4"	Good for epilepsy. Some say forbidden for needle.
TH-19	Lu Hsi	Head Rest	1/4"	Some say forbidden. Usually used for bleeding only.

SEMINAR OF ACUPUNCTURE

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
TH-20	Chiao Sun	Angle of the Ear	¼"	15 degrees downward. Some say forbidden for needle.
TH-21	Erh Men	Gate of the Ear	½"	
TH-22	Ho Liao	Harmony Bone	¼"	
TH-23	Ssu Chu K'ung	Silk Bamboo Hollow	¼"	Also for bleeding.

TRI-HEATER MERIDIAN (TH)



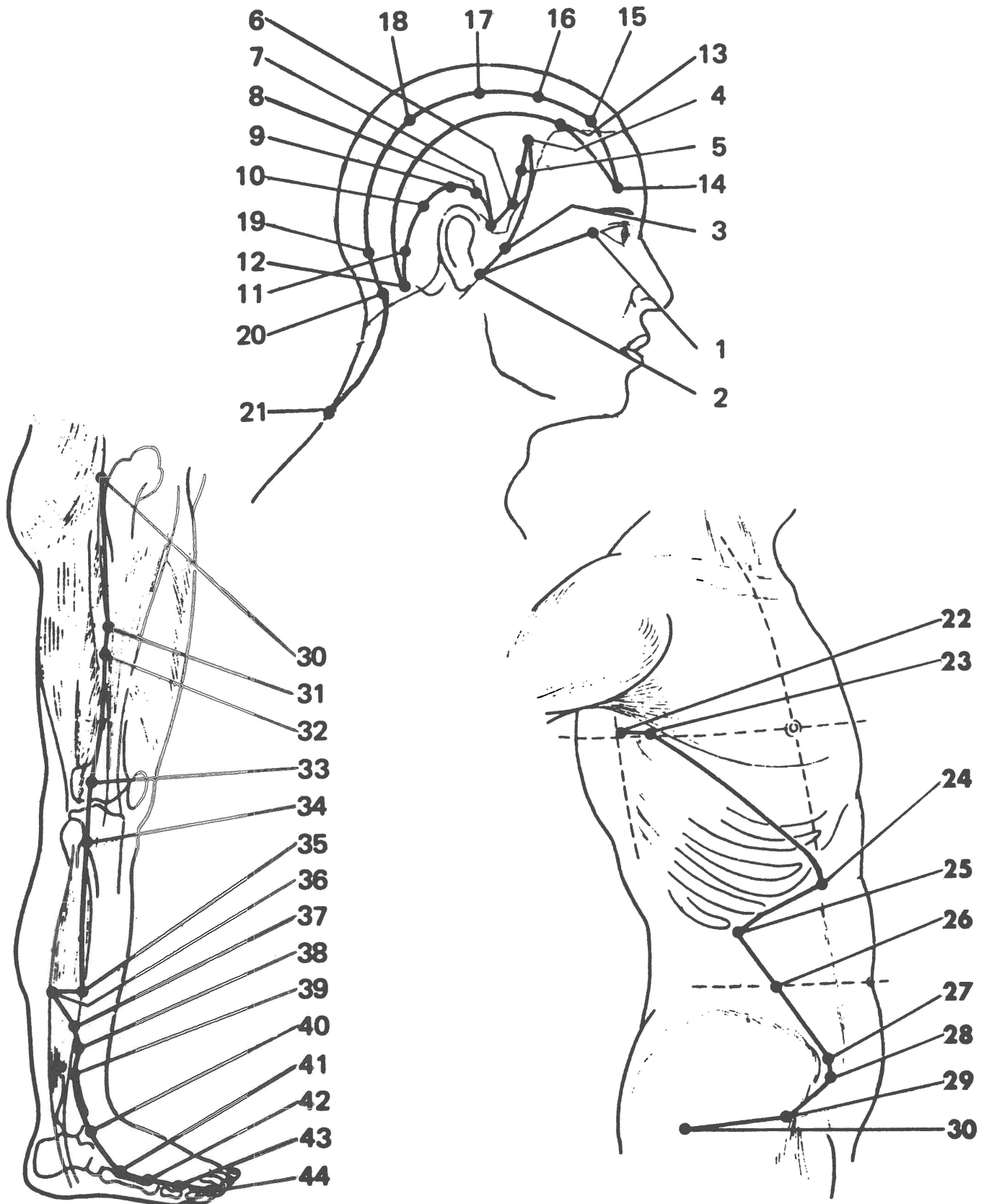
TAN CHING — GALLBLADDER MERIDIAN (GB)
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
GB- 1	T'ung Tsu Liao	Orbit Bone	$\frac{1}{3}$ "	Also for bleeding.
GB- 2	T'ing Hui	Hearing Assembly	$\frac{1}{2}$ "	
GB- 3	Ki Chu Jen	Guest and Host	$\frac{1}{4}$ " only.	Some say forbidden. CAUTION: Artery. 45 degree angle downward.
GB- 4	Han Yen	Above Temple	$\frac{1}{4}$ "	45 degree downward.
GB- 5	Hsuan Lu	Suspended Skull	$\frac{1}{4}$ " only.	45 degree downward
GB- 6	Hsuan Li	Suspended Balance	$\frac{1}{4}$ "	45 degree downward.
GB- 7	Ch'u Pin	Twisted Hair on the Temples	$\frac{1}{3}$ "	45 degree downward.
GB- 8	Shuai Ku	Leading Valley	$\frac{1}{3}$ "	45 degree downward.
GB- 9	T'ien Ch'ung	Heavenly Thrust	$\frac{1}{3}$ "	45 degree downward.
GB-10	Fou Pai	Floating White	$\frac{1}{3}$ "	45 degree downward.
GB-11	(T'ou) Ch'iao Yin	(Head) Extreme Yin	$\frac{1}{2}$ "	45 degree downward.
GB-12	Wan Ku	Final Bone	$\frac{1}{2}$ "	
GB-13	Pen Shen	Root of God	$\frac{1}{3}$ "	45 degree downward. Also for bleeding.
GB-14	Yang Pai	Yang White	$\frac{1}{4}$ "	45 degree downward.
GB-15	(T'ou) Lin Ch'i	(Head) Above the Tears	$\frac{1}{4}$ "	Also for bleeding.

SEMINAR OF ACUPUNCTURE

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
GB-16	Mu Ch'uang	Window of the Eye	1/3"	
GB-17	Cheng Ying	Upright Ying	1/3"	
GB-18	Ch'eng Ling	Receives Concentration of Spirit and Energy	1/4"	Some say forbidden for needle.
GB-19	Nao K'ung	Brain Hollow	1/2"	
GB-20	Feng Ch'ih	Wind Pond	1 1/2"	Insert needle toward center of opposite eyeball.
GB-21	Chien Ching	Well of the Shoulder	1"	
GB-22	Yuan I	Armpit Abyss	1/2"	
GB-23	Chih Chin	Neglected Muscle	1/2"	
GB-24	Uhr Yueh	Sun and Moon	1"	
GB-25	Ching Men	Gate of Capitol	1"	
GB-26	Tai Mai	Waistband Extra Meridian	2"	
GB-27	Wu Ch'u	Five Pivots	1 1/2"	
GB-28	Wei Tao	Binding Path	1"	
GB-29	Chu Liao	Dwelling in the Bone	1"	
GB-30	Huan T'iao	Jumping Circle	4"	
GB-31	Feng Shih	Market of the Wind	2"	
GB-32	Chung Tu	Central Ditch	2"	
GB-33	Yang Kuan	Gate for Yang	2"	
GB-34	Yang Ling			
	Ch'uan	Yang Monument Fountain	3"	Toward SP-9
GB-35	Yang Chiao	Yang Crossing	1 1/2"	
GB-36	Wai Ch'iu	Outer Mound	1"	
GB-37	Kuang Ming	Bright Light	1"	
GB-38	Yang Fu	Yang Assistant	1"	
GB-39	Hsuan Chung	Suspended Bell	1"	
GB-40	Ch'iu Ch'u	Grave Mound	1/2"	
GB-41	(Tsu) Lin Ch'i	(Leg) Above Tears	1/2"	
GB-42	Ti Wu Hui	Five Meetings of Earth	1/4"	
GB-43	Hsieh Ch'i	Chivalrous Stream	1/4"	45 degree downward.
GB-44	(Tsu) Ch'iao Yin	(Leg)Extreme Yin	1/4"	

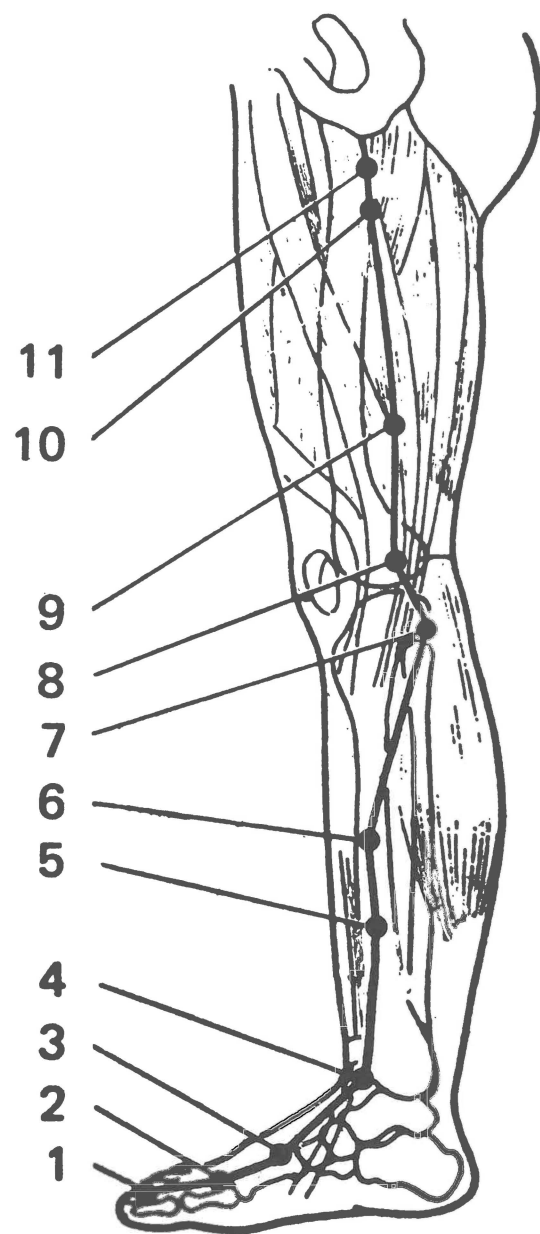
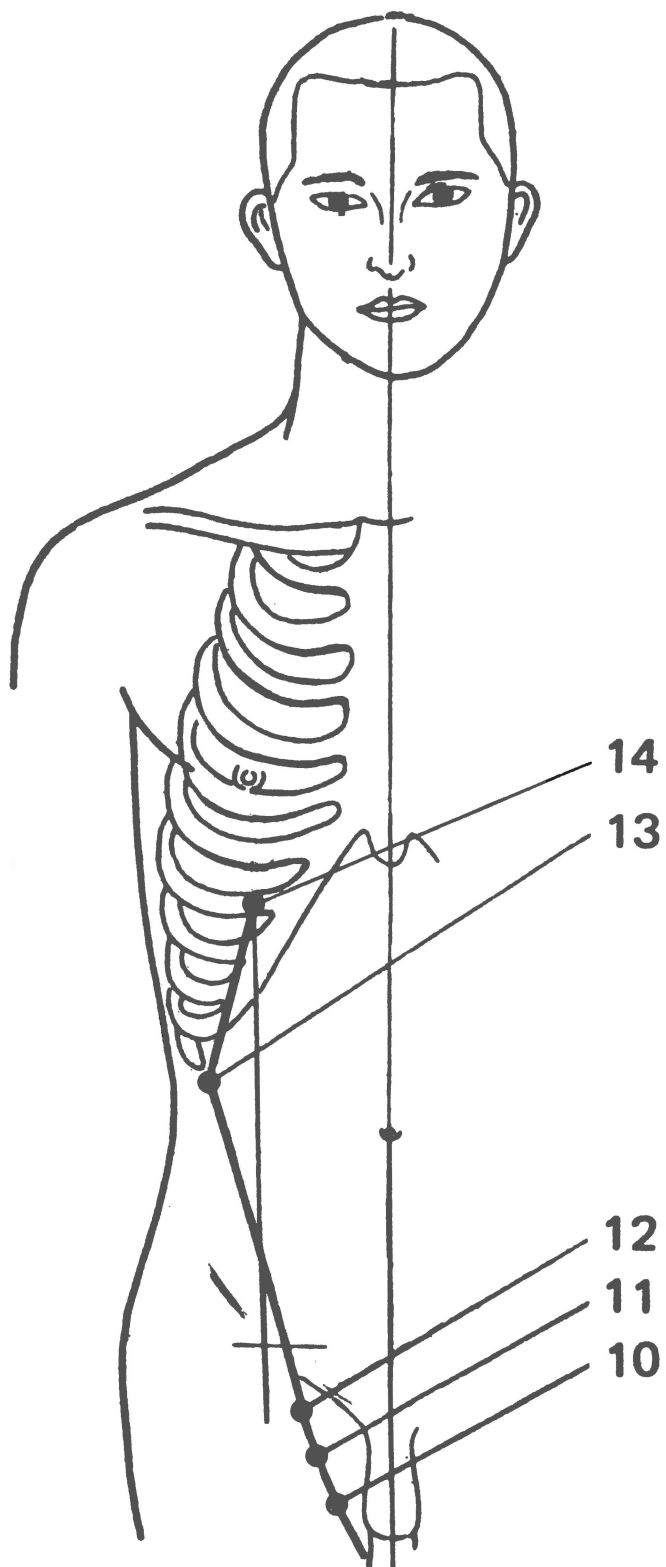
GALLBLADDER MERIDIAN (GB)



KAN CHING — LIVER MERIDIAN (LV)
(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
LV- 1	Ta Tun	Big Heap	¼"	
LV- 2	Hsing Chien	Gap when Walking	⅓"	
LV- 3	T'ai Ch'ung	Great Thrust	⅓"	
LV- 4	Chung Feng	Central Seal	½"	
LV- 5	Li Kou	Termite Ditch	⅓"	
LV- 6	(Chueh Yin)	(Equal Yin)		
	Chung Tu	Central Capitol	½"	
LV- 7	Hsi Kuan	Knee Gate	1"	
LV- 8	Ch'u Ch'uan	Fountain of the Bend	1"	
LV- 9	Yin Pao	Yin Wrapping	2"	
LV-10	(Yin) Wu Li	(Yin) Five Miles	1"	Do not insert needle too deeply — will cause gatism.
LV-11	Yin Lien	Yin Screen	1"	
LV-12	Ch'i Mei	Quick Pulse	1"	Some say forbidden. Use moxa.
LV-13	Chang Men	Chapter Gate	1"	
LV-14	Ch'i Men	Gate of Hope	1"	

LIVER MERIDIAN (LV)

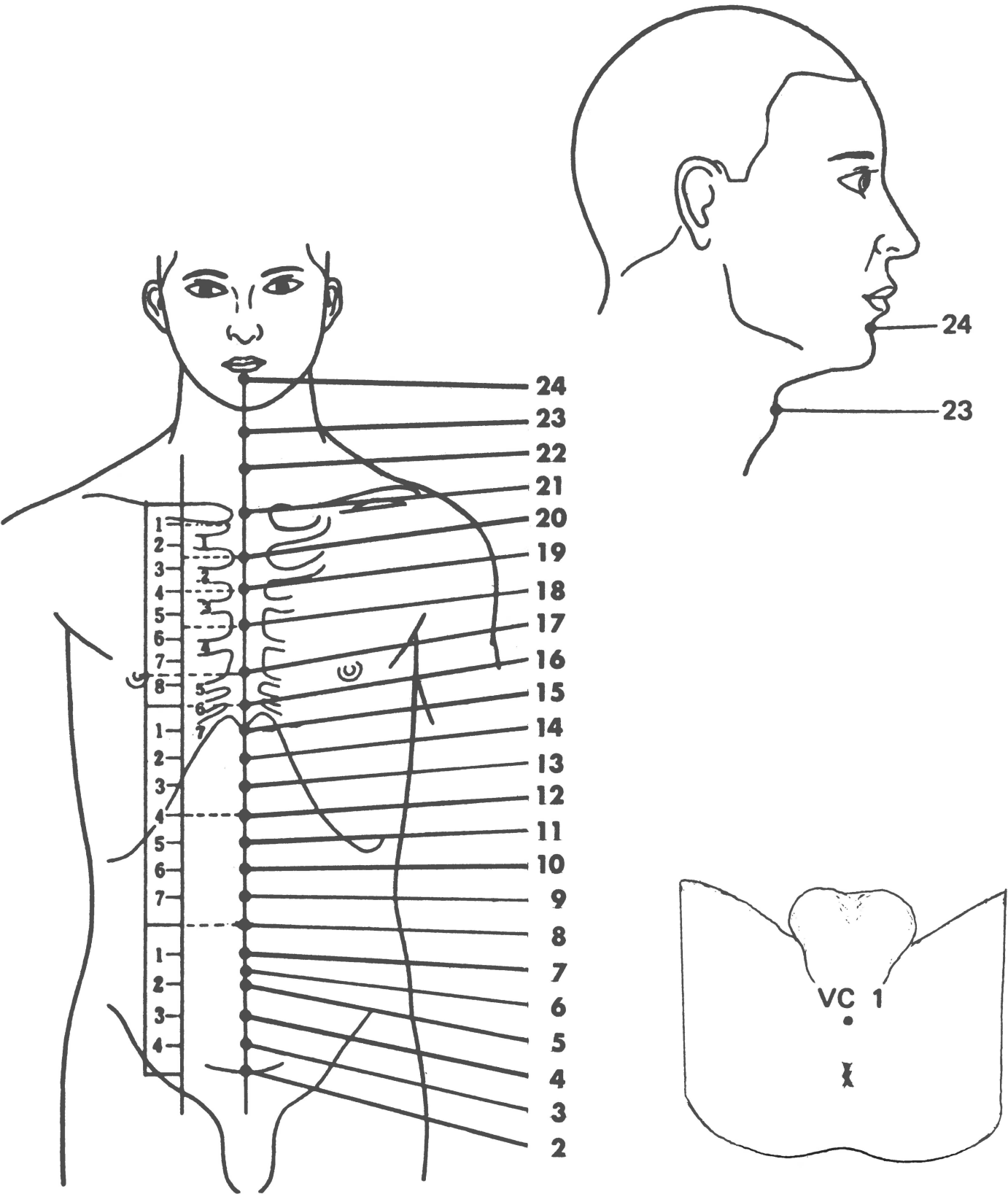


JEN MAI — VESSEL OF CONCEPTION (VC)

(All measurements are in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
VC- 1	Hui Yin	Meeting of Yin	1''	
VC- 2	Ch'u Ku	Crooked Bone (Pubis)	1''	
VC- 3	Chung Chi	Central Pole	1''	
VC- 4	Kuan Yuan	Point of Original Chi	3''	
VC- 5	Shih Men	Gate of Stone	2''	
VC- 6	Ch'i Hai	Sea of Energy	2''	
VC- 7	Yin Chiao	Yin Crossing	1½''	
VC- 8	Shen Ch'ueh	Shrine of God	—	All agree needle for- bidden. Moxa only (if direct, fill umbilicus with salt). For diseases of moisture.
VC- 9	Shui Fen	Water Point	1½''	
VC-10	Hsia Kuan	Lower Channel	2''	
VC-11	Chien Li	Established Mile	2''	
VC-12	Chung Kuan	Middle Channel	2''	
VC-13	Shang Kuan	Upper Channel	2''	
VC-14	Chu Ch'ueh	Great Shrine	1''	Alarm point of heart.
VC-15	Chiu Wei	Tail of Dove	1''	Some say forbidden for needle.
VC-16	Chung T'ing	Center Courtyard	½''	
VC-17	Hsien Chung	Center of Altar	—	Needle forbidden.
VC-18	Yu T'ang	Jade Parlor	⅓''	
VC-19	Tz'u Kung	Purple Palace	⅓''	
VC-20	Hua Kai	Magnificent Covering	⅓''	
VC-21	Hsuan Chi	Pearl Jade	⅓''	
VC-22	T'ien T'u	Heaven Rushing	⅓'' only.	No deeper.
VC-23	Lien Ch'uan	Screen Fountain	½''	Do not puncture a vessel.
VC-24	Ch'eng Chiang	Receiving Fluid	⅓''	

VESSEL OF CONCEPTION (VC)



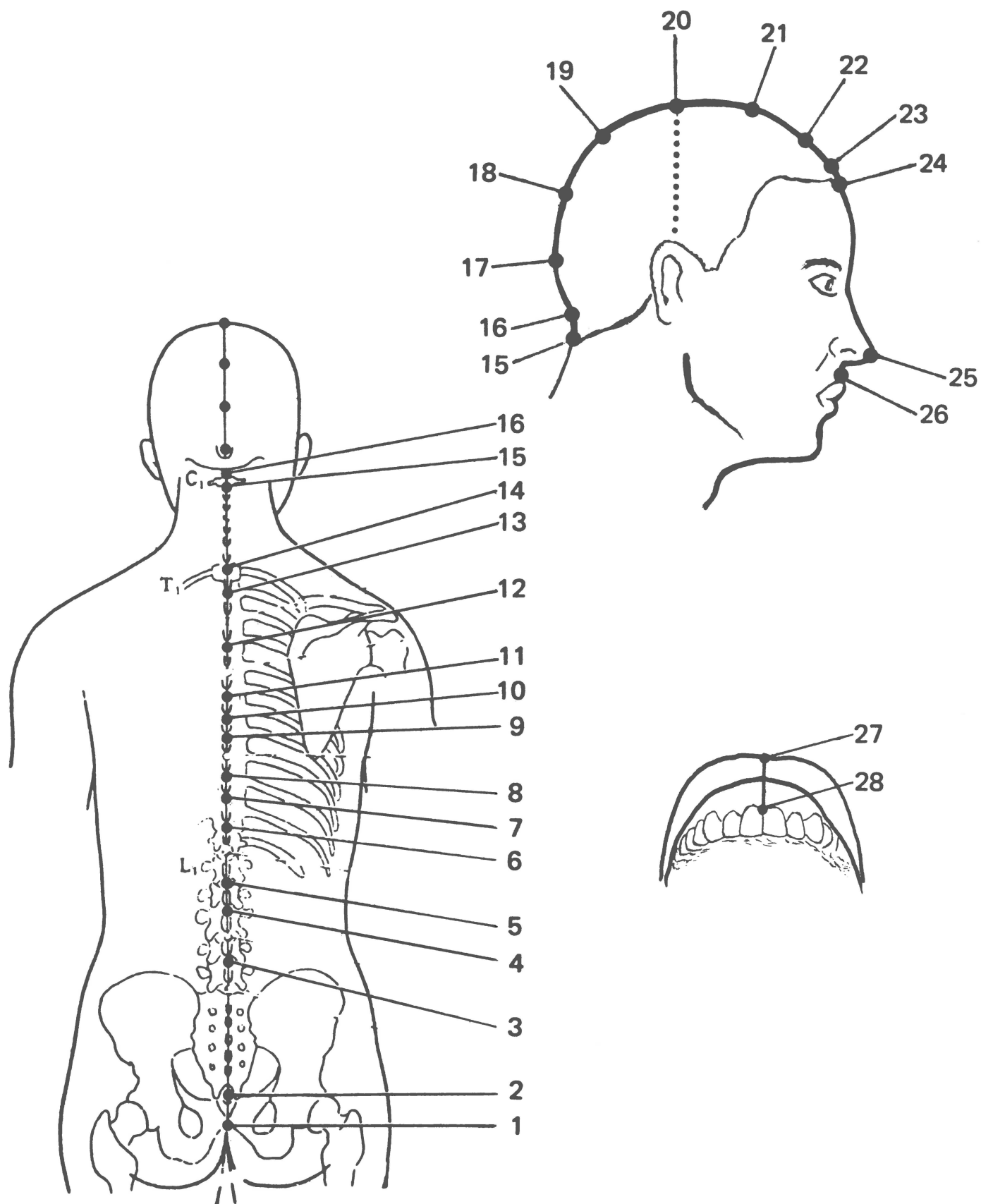
TU MAI — GOVERNING VESSEL (GV)
(All measurements in human inches)

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
GV- 1	Ch'ang Ch'iang	Long and Strong	1/3"	
GV- 2	Yao Yu	Associated Point for Lumbar Area	1/2"	
GV- 3	Yang Kuan	Yang Passageway	1/2"	
GV- 4	Ming Men	Gate of Life	1/3"	
GV- 5	Hsuan Ch'u	Suspended Pivot	1/3"	
GV- 6	Chi Chung	Center of Spine	1/3"	
GV- 7	Chung Ch'u	Middle Pivot	1/3"	Some say forbidden for any use.
GV- 8	Chin Shu	Muscle Contraction	1/2"	
GV- 9	Chih Yang	Extreme Yang	1/2"	
GV-10	Ling T'ai	Supernatural Tower	—	Some say forbidden for needle.
GV-11	Shen Tao	Path of God	—	Needle forbidden.
GV-12	Shen Chu	Body Pillar	1/2"	
GV-13	T'ao Tao	Road to Happiness	1/2"	
GV-14	Ta Ch'ui	Prominent Vertebra	1/2"	
GV-15	Ya Men	Gate of Muteness	1/4" only.	Some say forbidden for needle.
GV-16	Feng Fu	Mansion of the Wind	1/3"	
GV-17	Nao Hu	Shelter of the Brain	1/3"	Some say forbidden for needle. Use pressure.
GV-18	Ch'iang Chien	Strong Gap	1/4"	15 degree downward.
GV-19	Hou Ting	Posterior Summit	1/3"	45 degree downward.
GV-20	Pai Hui	Cure a Hundred Diseases	1/3"	
GV-21	Ch'ien Ting	Anterior Summit	1/4"	

SEMINAR OF ACUPUNCTURE

Acupoint	Chinese Name	English Translation	Needle Depth	Comments
GV-22	Hsin Hui	Fontanel	¼" or less.	Forbidden in children under 7.
GV-23	Shang Hsing	Upper Star	¼"	45 degree downward.
GV-24	Shen T'ing	Courtyard of God	¼"only.	45 degree downward. Some say forbidden for needle.
GV-25	Su Liao	Element Bone	¼"	Insert needle upward in line with plane of nose.
GV-26	Shui Kou	Ditch	¼"	
GV-27	Yueh T'uan	Exchange Extreme	¼"	
GV-28	K'en Chiao	Gum Crossing	¼"	

GOVERNING VESSEL (GV)



CHAPTER XIV

HOW TO USE FORMULAE FOR TREATING SPECIFIC SYMPTOMS AND CONDITIONS

The formulae given here have been acquired from a number of sources: our own and other Western doctors' clinical experience; the clinical experience of Oriental acupuncturists; translations from both old and modern Oriental books and journals; lectures. Most of the formulae have been cross-checked to assure the greatest possible degree of accuracy and dependability, based on reported usage and results.

Terminology

In many instances the terminology used by the Chinese for symptoms and conditions will not translate accurately into Western medical terminology. Sometimes Western medical terms, although accurate, do not convey the nuances of the patient's feelings and actions as plainly as do the Chinese terms. For instance, "emotional instability" is a general term that does not give as definitive a picture as "sometimes worries without cause, easy to love, easy to be angry, easy to be happy, easy to cry, mostly reluctant, always tired." Also, some of the symptoms especially noted by Chinese acupuncturists cannot be called pain. They are so nebulous as to be considered inconclusive and are commonly overlooked or ignored in Western medicine. The importance given them by the Chinese probably dates back to the time when the obligation of Chinese physicians was to prevent illness. They were paid to keep their patients well. If they became ill, not

only did payment stop, but the physician's reputation suffered. He "lost face." It was, therefore, highly advantageous to the Chinese physician to learn to recognize early signs of impending illness.

We have, as much as possible, adhered to the Oriental manner of describing symptoms. Not only does this provide the best description in the simplest language, but we believe it is essential for correct diagnosis and treatment in meridian therapy.

**Different formulae
for different causes**

You will note that in many of the conditions listed, different symptoms and treatments are given when there are different causes of the same condition. This is one of the differences between acupuncture and Western medicine. Also, just as every great chef has his favorite recipes, every master acupuncturist has special formulae which have proved particularly effective. Through the years we have collected (and in most cases tested) a number of these special formulae. They are included in this section.

Experience points

Giving the specific formula for every combination of symptoms and conditions would require a large volume in itself. However, as you study and gain experience you will become aware of the correct manner of applying the laws and principles along with the "experience points" for different symptoms and conditions in order

to achieve the most beneficial results in each case. Keep in mind that these formulae are known as “experience points” and do not necessarily follow the Five Elements theory or any of the other rules or effects of acupuncture philosophy.

In some instances, no indication is given as to whether to tonify or sedate. Classically, in these cases, this is determined by evaluating pulse changes, changes in deep or shallow tenderness, or symptomatic response.

NOTE: Always treat bilateral acupoints bilaterally, unless otherwise indicated.

COLDS, INFLUENZA, RESPIRATORY DISORDERS

Cause:	Wind chill, particularly when fatigued or over-heated.
Symptoms:	<p>General - Nasal discharge, head congestion, hoarseness, cough, sneezing.</p> <p>Cold Wind Symptoms - Chills and fever, headache, pulse superficial and taut, dry skin (no perspiration), joint pain, nausea, white-coated tongue.</p> <p>Hot Wind Symptoms - Fever, thirst, headache, sweat but still feel feverish afterward, sore throat, pulse fast, yellow-coated tongue.</p>
Treatment:	Cold Wind Symptoms - Sedate GB-20, TH-5, GB-12.

(cont.)

Cold, influenza (cont.)

Hot Wind Symptoms - Sedate LI-11, LI-4, LU-5, TH-5.

In addition:

If dry skin - tonify LI-4, sedate KI-7.

If fever - sedate GV-14, ST-43.

If headache - sedate or bleed GV-23, also bleed Sun point on temple.

If cough - Sedate LV-7, LU-9.

If nasal congestion - sedate LI-20.

If sore throat - sedate LU-11.

GV-14 is effective in treating aberrant energy in all the Yang meridians, and is frequently used in addition to any of the above.

ASTHMA

Cause (1):

Cold Asthma. Exposed to cold wind when tired or emotionally upset or after eating too much sour or salty food.

Symptoms (1):

Cold in extremities; white, thin sputum; not thirsty; loose bowel movements; easy micturition; pulse taut; tongue white-coated.

Treatment (1):

Moxa on BL-13, VC-12, VC-17, LU-7, BL-38.

Cause (2):

Hot Asthma. Bronchial congestion with inability to cough up phlegm.

(cont.)

Asthma (cont.)

Symptoms (2): Thirst, fever, constipation, yellowish-red urine, yellow-coated tongue; pulse fast and slippery.

Treatment (2): Sedate BL-13, LU-7, LU-11, VC-21, ST-40.

Cause (3): **Excess Asthma.** Aberration from outside stops at chest; phlegm from inside cannot come out, stops at chest.

Symptoms (3): Chest congestion, raspy, open-mouthed breathing; can't breathe if lying on back; thick-coated tongue; pulse strong and slippery.

Treatment (3): Sedate BL-12, BL-13, LU-5, VC-17, ST-40.

Cause (4): **Deficient Asthma.** Deficiency in Kidney meridian.

Symptoms (4): Shortness of breath, restlessness, easily frightened, low-toned voice, fatigue, loss of weight, perspires easily; pulse fine, deep, and weak.

Treatment (4): Tonify BL-23, BL-38, ST-36, VC-4.

In addition: If skin is very dry, may be caused by cold wind. Sedate TH-5, LI-4.
If cough is very productive (more moisture) use Moxa on VC-9.

Special Formula: Tonify VC-17, BL-12, BL-15; sedate VC-22, ST-9, LU-7.

(cont.)

Asthma (cont.)

Emergency treatment during asthma attack: KI-23, insert needle and rotate.

NASAL INFLAMMATION

- Cause:** Wind and heat in Lung or Gallbladder meridian.
- Symptoms:** Nasal congestion, loss of sense of smell, yellow and odorous nasal discharge, headache (possibly migraine), pain on rib cage, cough.
- Treatment:** (1) If heat in Lung — Sedate LI-20, LI-4, BL-7, ST-40.
(2) If heat in Gallbladder — Sedate GB-19, GB-34, GB-39, LV-2.

LARYNGITIS

- Special Formula:** LU-5, LU-11, TH-5.

SORE THROAT

- Cause (1):** Excess — Heat in Stomach and Lung meridian, then catch cold; or irregular life — too much smoking, alcohol, rich or spicy foods.
- Symptoms (1):** Throat swollen, red, irritated, sore or numb; pain connected to back; some fever.

(cont.)

Sore throat (cont.)

- Treatment (1): Bleed LU-11, TH-1. Sedate TH-5, VC-21, LU-5, LI-4.
- Cause (2): Deficient — Water element is weak in Bladder or Kidney meridian.
- Symptoms (2): General poor health, chronic cough, throat painful, hoarseness, a little fever and sweating; tongue dark red; pulse fine and fast.
- Treatment (2): Tonify KI-6, KI-3, LU-9.

COUGH

- Cause (1): Energy of outer Lung meridian — connected with skin, mouth, nose — affected by exposure to wind, cold, heat, moisture, dryness, infection.
- Cause (2): Irregular life — too much sex, alcohol; too much or too little food; worry, emotional upset — causes exhaustion in Lung, Spleen, Kidney meridians.
- Symptoms (1): Called **Cold Wind**. Congestion in nose, dripping, sinus pain, feel cold or sometimes feverish, cough, white sputum, tongue thin-coated. Pulse superficial and loose or superficial and tense.
- Treatment (1): Sedate BL-12, GV-16, LU-7, LU-9.

(cont.)

Cough (cont.)

- Symptoms (2): Called **Hot Wind**. Fever, thirst, sore throat, white-coated tongue, pulse fast.
- Treatment (2): Sedate BL-12, BL-13, TH-5, LU-10.
- Symptoms (3): Called **Moisture**. Fever, thirst, sore throat, coughs up phlegm, sticky-coated tongue, pulse fast.
- Treatment (3): Sedate LU-7, SP-5, SP-9, VC-12.
- Symptoms (4): Feels hot, pulse weak, thirst, congestion in chest, yellowish urine, very thin coat on tongue.
- Treatment (4): Sedate BL-12, LI-11, LU-9, TH-7.
- Symptoms (5): Called **Dry Wind**. Coughs up phlegm; mouth dry; lips, nose, throat, tip of tongue very red.
- Treatment (5): Sedate BL-12, BL-13, LU-9; Tonify KI-7.
- Symptoms (6): **Harm to inner organ**. Cough comes on gradually — light cough at first, then fatigue, paleness, loss of appetite, chest congestion, cough up phlegm.
- Treatment (6): Tonify ST-36, ST-40, BL-13, BL-20.
- Symptoms (7): Cough, loss of appetite, paleness; cheeks feel feverish in afternoon; dry throat, bright smooth tongue (not furry); pulse

(cont.)

Cough (cont.)

taut, fine, and fast.

Treatment (7):

Tonify BL-13, BL-23, KI-3; Sedate LV-2, LU-5.

BRONCHITIS

Cause:

Wind, moisture — c o n g e s t i o n forms phlegm.

Symptoms:

Chronic productive cough, sometimes pain in chest.

Treatment:

Sedate LU-5, LU-9; Tonify BL-13; Moxa on VC-17.

CONSTIPATION

Cause (1):

Dry or Hot in stomach and intestine, from eating too many hot or spicy foods or from inflammation.

Symptoms (1):

Constipation accompanied by bad breath; desires cold drinks.

Treatment (1):

Sedate ST-25, ST-44, SP-14, BL-25, LI-4; Tonify KI-6.

Cause (2):

Emotion.

Symptoms (2):

Abdomen and sides distended. Pulse strong; may have herpes simplex.

Treatment (2):

Sedate ST-25, ST-44, SP-14, VC-6.

(cont.)

Constipation (cont.)

- Cause (3): Yang energy is deficient, Yin energy congested; cold in Lower Heater.
- Symptoms (3): Application of heat to abdomen gives some relief; pale face, urine light in color, pulse deep and slow.
- Treatment (3): Moxa on VC-4 and SP-6.
- Cause (4): Wind and dry from Lung meridian goes into Large Intestine meridian; inflammation or exposure to wind may cause dryness in stomach and intestines.
- Symptoms (4): Cough, sore throat, dry skin.
- Treatment (4): Sedate ST-24, ST-44, SP-14, BL-12, GV-16.
- Cause (5): Irregular diet.
- Symptoms (5): Gas, dry lips, sticky-coated tongue.
- Treatment (5): Sedate ST-25, ST-44, SP-14, ST-36, VC-12.
- Cause (6): **Yin constipation.** Yin is deficient following a long illness.
- Symptoms (6): Vertigo, palpitations, insomnia, spotted furriness on tongue; pulse rough and fine.
- Treatment (6): Tonify BL-17, BL-18, ST-25.

(cont.)

Constipation (cont.)

Special Formula: ST-44, ST-25, BL-25, SP-14.

HEMORRHOIDS

Cause (1): **Deficiency.** General weakness, general deficiency of Chi. Large Intestine meridian deficient and cold; Spleen or Kidney weak. Result of prolonged diarrhea, dysentery, or of childbirth.

Symptoms (1): Patient has external hemorrhoids without pain, swelling or color. Dizziness, palpitations; pulse fine.

Treatment (1): Tonify GV-20, ST-36, BL-24, BL-35.

Cause (2): **Excess.** Heat congested in Large Intestine meridians; also moisture and heat congested in Lower Heater.

Symptoms (2): External hemorrhoids — red, swollen, painful; thirst; yellowish-red urine; yellow coated tongue; pulse fast.

Treatment (2): Sedate BL-25, ST-37, ST-25, SP-9.

Special Formula: Sedate GV-1 (½" to 1" deep, insert needle on each side of point of coccyx); sedate SP-10 (2" deep), GV-20.

BLEEDING HEMORRHOIDS

Cause:	Too much hot, spicy food and drink; or too much exposure to moisture.
Symptoms:	Cherry-like nodules (or polyps) around anus, moist and itchy. Bleeding with stool.
Treatment:	Sedate GV-1, BL-57, SP-10. Miracle Points on forearm, 4 inches above crease at flexure of wrist, on palmar side. Insert needle one inch deep at each of two points on either side of ulna. (Called Two White Points.)
Special Formula:	GV-1, SP-10, BL-57, VC-20

DIARRHEA

Cause (1):	Cold Wind, aberration in Spleen or Stomach meridian.
Symptoms (1):	Abdominal pain, watery stool — light green in color, urine light yellow, pulse a little slow.
Treatment (1):	Tonify ST-25, VC-12, VC-6, BL-25.
Cause (2):	Inflammation (heat inside mixed with cold moisture).

(cont.)

Diarrhea (cont.)

- Symptoms (2): Stool yellowish-red with bad odor, anal burning, abdominal pain, urine yellow, thirst, possibly some fever, yellow-coated tongue, pulse fast.
- Treatment (2): Sedate VC-10, LI-4, ST-44.
- Cause (3): Getting chilled and wet.
- Symptoms (3): Watery stool, no abdominal pain but stomach feels congested, white-coated tongue, pulse slow and fine.
- Treatment (3): Tonify VC-9, BL-20, Sedate SP-9, SP-4.
- Cause (4): Wrong food or too much food.
- Symptoms (4): Indigestion, abdominal pain that lessens following bowel movement, feces has bad odor.
- Treatment (4): Sedate ST-36, VC-12, BL-21, BL-25.
- Cause (5): Deficiency in Spleen and/or Stomach meridian.
- Symptoms (5): Abdominal gurgling and pain.
- Treatment (5): Tonify ST-36, BL-20, BL-21. Sedate LV-2.
- Cause (6): Kidney weakness, leading to general debility.

(cont.)

Diarrhea (cont.)

- Symptoms (6): Diarrhea in morning, feces dark in color, general fatigue, slight abdominal pain; pulse deep, fine, and weak.
- Treatment (6): Tonify GV-4, GV-20, VC-4, BL-23, BL-20.

DYSENTERY

White Dysentery

- Cause: In warm weather, chilling from cool air; too much cold food and drink. Feces will be white in color.
- Symptoms: Feces gummy and light, like white jelly; urine light yellow.
- Treatment: Sedate ST-25, BL-25, VC-10, TH-6.

Red Dysentery

- Cause: Accumulation of heat and moisture inside from eating too much fat, drinking alcohol. Feces will be red in color.
- Symptoms: Feces red or reddish-yellow; urine hot and reddish-yellow: thirst, fever, abdominal pain.
- Treatment: Sedate LI-4, BL-25, BL-27, ST-44, BL-41.

Fasting Dysentery

Cause:	Heat and moisture inside, characterized by food stopping in stomach. If food is taken again, the putrefied food will be pushed into the intestine, causing dysentery.
Symptoms:	Feces white or red; abdominal pain; no appetite; stomach feels full and congested.
Treatment:	Tonify BL-20, BL-21; sedate ST-25, HC-6.

Prolonged or Recurring Dysentery

Cause:	Congestion and putrefaction of food in stomach and intestine adversely affects Kidney and Spleen.
Symptoms:	Abdominal pain at start; alternating constipation and diarrhea, with bowels moving up to 10 times; weakness, fatigue, pale face, pulse weak and fine.
Treatment:	(Difficult to cure. May relieve temporarily, then will start again.) Tonify BL-20, BL-23; moxibustion VC-4; Tonify GV-20, ST-36; Sedate ST-25.

LUMBAGO

- Cause (1): Comes from outside. Wind, rain, or moisture may cause aberrant Chi in any meridian.
- Symptoms (1): Back pain with restricted movement; may affect lower limbs, making walking difficult; back feels cold; symptoms are aggravated by change in weather; headache, some fever.
- Treatment (1): Sedate GV-16, local points, BL-50, BL-60.
- Cause (2): Irregular life (debauchery) causes deficiency in Kidney meridian.
- Symptoms (2): Back pain, fatigue, weakness; joints in feet and knees sore and weak; dizziness, wet dreams.
- Treatment (2a): If pulse late, fine, and weak, shortness of breath, intolerance of cold, urine light in color, it is **Kidney Yang deficiency**. Moxa on GV-20, GV-4, VC-4, BL-23.
- Treatment (2b): If pulse weak and fine, palpitations, yellowish urine, it is **Kidney Yin deficiency**. Tonify BL-23, BL-60, BL-47, KI-3.
- Cause (3): Injury from lifting too heavy an object may cause congestion of Chi or blood.

(cont.)

Lumbago (cont.)

- Symptoms (3): Pain in injured area is worse on pressure and on inhalation; swollen, purplish area.
- Treatment (3): Sedate local points and BL-54.

EYE PROBLEMS

Night Blindness

- Treatment: Tonify BL-18, GB-37, BL-1, TH-23, BL-23.

Conjunctivitis

- Symptoms: Eyes red and painful; cannot tolerate bright light; eyes swollen, tearing; clouded vision.
- Treatment (1): If also headache, superficial pulse — Bleed LU-11, Sun point (Miracle point on temple); Sedate LI-4, GB-20, GV-23.
- Treatment (2): If also thirsty, pain on rib cage, constipation, pulse taut and fast — Sedate LV-2, GB-43, GB-1, GB-15; Bleed LI-1.

Color Blindness

- Cause: Congenital
- Treatment: Sedate GB-1, BL-1, GB-2, GB-37, ST-36, ST-2, GB-16; Tonify KI-3, BL-23, BL-18.

Blurred Vision

Cause: Eyes seem normal; condition possibly due to nerve lesion or deficiency in Liver or Kidney meridian.

Treatment: First tonify BL-23, BL-18, KI-3. Then tonify BL-1, BL-2, GB-16, GB-37, GB-14.

TINNITUS AND IMPAIRED HEARING

Cause (1): Wind.

Symptoms (1): Tinnitus, headache, blurred vision, nasal congestion and dripping, sore throat, slight cough; pulse superficial.

Treatment (1): Sedate TH-6, LU-7, BL-20, TH-17.

Cause (2): Sudden fright (emotional blockage of Chi).

Symptoms (2): Hearing difficulty and sound in ear occur suddenly; pulse deep.

Treatment (2): Sedate TH-21, SI-19, GB-2, TH-17, TH-3.

Cause (3): Sudden anger.

Symptoms (3): Congestion and phlegm in chest, buzzing in ear.

(cont.)

Tinnitus (cont.)

- Treatment (3): Sedate ST-40, LI-4, HC-6, TH-3, GB-2.
- Cause (4): Yin blood deficient, Water cannot irrigate Wood, Liver energy becomes excess.
- Symptoms (4): Sound in ear, impaired hearing, increased appetite, palms of hands and soles of feet feel hot, insomnia; pulse taut and fast.
- Treatment (4): Sedate LV-3, GB-43, GB-2; Tonify KI-3.
- Cause (5): Irregular eating and sleeping.
- Symptoms (5): Patient's general health and hearing improve with proper food and rest; worsen with irregular habits.
- Treatment (5): Tonify VC-6, GV-20, ST-36.
- Cause (6): Too much work, too much sex — weakens Kidney meridian.
- Symptoms (6): Sound in ear, fatigue, weakness, spots before eyes.
- Treatment (6): Tonify BL-23, VC-4, KI-3.

DEAFNESS

- Cause: Congenital; postpartum convulsion; trauma; result of fever or ear infection.

(cont.)

Deafness (cont.)

Treatment: (Treatment is the same for all deafness)
Sedate LI-4, GV-20, SI-19, TH-17, TH-21, TH-3.

In addition: If dizzy — Sedate GB-20.
If nasal congestion — Sedate LI-20.
If speech problem — Sedate GV-15.

DEAF-MUTENESS

Cause: Infection, high fever, cerebral meningitis, measles (either of child or mother carrying child). If congenital, may be difficult to cure.

Treatment: Sedate GB-2, SI-19, TH-11, TH-21, TH-3, GV-20.

In addition: If patient has vertigo — Sedate GB-20.
If speech impairment — Sedate GV-15, VC-23.

HEADACHE

Cause (1): Wind, blocking the meridian.

Symptoms (1): Dripping nose, cringing from cold, aching bone, some fever, cough, pulse superficial.

Treatment (1): Sedate GB-20, LU-7, TH-5, and Sun point (miracle point on the temple).

(cont.)

Headache (cont.)

- Cause (2): Heat upward along Stomach meridian; could be external from sun or fire or internal from inflammation.
- Symptoms (2): Thirst, emotional upset, nervousness, constipation, bad breath, yellow-coated tongue; pulse fast, strong, and smooth.
- Treatment (2): Sedate LI-4, ST-8, ST-43.
- Cause (3): Sinus headache (aberrant energy in Spleen and/or Stomach meridian will cause phlegm in chest, congestion of moisture in sinuses).
- Symptoms (3): Chest congestion, productive cough, dizziness, vomiting, sticky-coated tongue, pulse smooth.
- Treatment (3): Sedate Sun point (Miracle point), ST-40, VC-12.
- Cause (4): Sexual excesses, causing a deficiency in the Kidney meridian.
- Symptoms (4): Dizziness, insomnia, fatigue, back pain, palpitation, loss of memory, buzzing in ear.
- Treatment (4): Tonify KI-3, KI-23; Sedate LV-2, GB-40.
- Cause (5): Overexertion and fatigue — general Chi deficiency.

(cont.)

Headache (cont.)

Symptoms (5): Fatigue, shortness of breath, ill humor, pulse weak.

Treatment (5): Tonify GV-20, ST-36, VC-6, VC-4.

Cause (6): Excess in Gallbladder and Liver meridians.

Symptoms (6): Pains in head are sharp, head feels hot, eyes red, tongue coated, pain in rib area, nausea, pulse fast and taut.

Treatment (6): Sedate LV-1, GB-40, GB-5, SP-9, SP-5.

**Additional treatment for
all headaches:**

If pain in top of head — sedate GV-20.
If pain in frontal area — sedate GV-23.
If pain over eyes — sedate BL-2 and TH-23.
If pain on side of head — sedate ST-8 and GB-7.
If pain in back of head — sedate BL-62.

EPILEPSY

Cause: Congestion of moisture in any meridian, due to heat from Liver and Kidney meridians mixed together.

Symptoms: Seizures, spasm, fainting, foaming at mouth, eyes rolling.

Treatment: Tonify BL-15, BL-18, KI-1; Sedate ST-40, VC-14.

(Also see Ghost Points, Chapter XV)

EMOTIONAL INSTABILITY

- Cause:** Poor circulation; inflammation of inner organs, disturbing heart; blood cannot nourish nervous system.
- Symptoms:** Before other symptoms occur, feels worried, congestion in heart, chatters aimlessly and incessantly. Later symptoms — sometimes worries without cause, easy to love, easy to be angry, easy to be happy, easy to cry, usually reluctant, always tired. If condition serious, may faint.
- Treatment:** Sedate HC-7, HT-7; Tonify BL-15, KI-1.
- IF SERIOUS:** Sedate GV-20, GV-26, LV-3, ST-14, HC-5.

MELANCHOLIA

- Cause (1):** Emotion — Blood cannot nourish heart. Heart meridian is deficient.
- Symptoms (1):** Fearful, pale-faced, pulse fine, vertigo, insomnia, fatigue.
- Treatment (1):** Tonify BL-15, BL-18, HT-7, HC-4.
- Cause (2):** General weakness and bad health — total Yang deficiency, total Yin excess. (GV-4 is called “Ming Men,” the Gate of Life. A deficiency there causes total Yang deficiency.)

(cont.)

Melancholia (cont.)

- Symptoms (2): Coldness and muscle spasms in abdomen; cold in extremities; shallow breathing; pulse deep, weak, and slow.
- Treatment (2): Moxa on GV-4, BL-23, BL-15, VC-4.
- Cause (3): Energy of Spleen and Stomach meridians deficient — Water congested, causes phlegm.
- Symptoms (3): Chest congestion; may have nausea; productive cough; white-coated tongue; pulse slippery and taut.
- Treatment (3): Sedate VC-9, VC-12, ST-40; Tonify ST-36, BL-20.
- Cause (4): Sensations of fear return on reminder of past frightening event.
- Symptoms (4): Insomnia, restless sleep, worry.
- Treatment (4): Sedate HT-7, BL-15, BL-19, HC-4.

DEMENTIA

- Cause: Over-emotional.
- Symptoms: Disorientation, over-excited, take off clothes in street, dance in street, beat somebody.
- Treatment: Sedate GV-26, LU-11, HC-8, VC-14, GV-16.

FAINTING OR TRAUMATIC COMA

To revive a person who has fainted or been knocked out by a blow, stimulate GV-26, the point in the center of the upper lip just below the nose.

STROKE

The Chinese give these explanations for the occurrence of stroke, apoplexy, hemiplegia, paralysis, etc.:

- Cause (1): An aberrant wind occurs in the Universe. This wind is harmful to man. He is particularly susceptible to harm if his resistance is lowered by such conditions as a deficiency of energy or blood caused by congestion of moisture (phlegm).
- Cause (2): Excess in Heart meridian and deficiency in Kidney meridian.
- Cause (3): Stroke is caused by Wind. Wind in the human body is controlled by the Liver (Wood). If the Kidney meridian is deficient, it cannot nourish its child (Liver-Wood). The Wood gets dry and cannot stop the Wind, so the Wind gets too strong.
- Cause (4): Moisture congests and produces phlegm. Phlegm produces heat. In any disease caused by a deficiency of energy in the blood, treat the phlegm first.

(cont.)

Stroke (cont.)

Cause (5):

Age. As a person grows older, the function of organs becomes weak. A weak person is easily harmed by emotion or aberration from outside.

Cause (6):

Inner Wind comes from Yin deficiency or Yang excess, and is related to phlegm, inflammation, cold and moisture. If Earth gets too much moisture and Water gets cold, circulation is affected and energy cannot move to the extremities.

Before stroke occurs, the patient may have dizziness, headache, poor vision, numbness, fatigue, tinnitus, speech difficulty.

(Treatment formulae for stroke are related to symptoms, not to causes.)

Symptoms (1):

Excess. If aberrant wind from outside affects an inner organ, the patient will suddenly lose consciousness. Teeth will be clenched, face red, hands clenched, no involuntary excretion of urine or feces, phlegm in throat, congestion in chest, pulse taut and slippery.

Treatment (1):

First, bleed all 12 terminal points on the fingers. Then sedate GV-20, GV-26, LI-4, ST-6, ST-40. (When sedating LI-4, insert needle one inch deep to reach HC-8. Do not bring needle out through skin at HC-8.) Tonify KI-1.

Symptoms (2):

Deficient. Eyes closed, mouth open, hands

(cont.)

Stroke (cont.)

flaccid and open, breathing stertorous, moisture gurgles in mouth and throat, excretion of urine or feces, sweating, pulse fine and weak.

Treatment (2): Moxa on VC-4 and VC-6. Tonify KI-1, ST-36, SP-6, VC-12.

Symptoms (3): **Light Stroke.** (Aberrant wind has affected only meridian, not inner organ). Patient may have none of the above symptoms, or will exhibit them briefly and recover quickly. Will be left with some paralysis, usually of face or limb, and difficulty with speech.

Treatment (3): **Hemiplegia.** On the side NOT affected — tonify LI-4, LI-11, LI-15, GB-30, GB-31, GB-34.

On the AFFECTED side — Sedate same points. Add local points in area of paralysis.

If Facial Paralysis: Sedate LI-4, GB-20, ST-2, ST-4, ST-6, BL-2, TH-23.

If Speech Difficulty: Bleed the two miracle points on the underside of the tongue (Golden Fluid and Jade Fluid). They will be the darkest areas in the veins, about one-half inch either side of the frenulum. (The bleeding will stop of itself.) Tonify GV-15; Sedate HT-5.

(cont.)

Stroke (cont.)

If Headache: Bleed Sun (miracle) points on temples,
Sedate GB-20, Tonify KI-3.

If Chest Congestion
and Phlegm: Sedate HC-6, VC-12, ST-40.

If Weakness,
Lack of Energy: Tonify VC-6, ST-36; Moxa on GV-4, and
BL-23.

Symptoms (4): Suddenly feel faint, lose consciousness,
excessive sweating; pulse deep.

Treatment (4): Bleed all 12 terminal points on the fingers
and TH-3, BL-54. Sedate GV-20, GV-26.

If Feels Very Hot: Sedate LI-11, ST-43.

If Stomach Pain: Sedate ST-36, VC-11.

If Urine Reddish-Yellow: Sedate BL-27, BL-28.

If patient perspires profusely and pulse
can scarcely be felt, condition is serious:
Tonify LU-9. Apply heat to umbilicus,
VC-8 — moxa, hot salt bag, or similar.

HEART ATTACK

Special formula (1):
(emergency points) Insert needle and rotate: HT-7, GV-26.

(cont.)

Heart attack (cont.)

Special formula (2):
(angina)

Tonify BL-15 (1" deep); Sedate HT-7 (¼" deep); Sedate TH-5 (1½" deep, into HC-6).

DISEASES OF WOMEN

Amenorrhea

Cause (1): Surgery, trauma, sexual excess, too many pregnancies.

Symptoms (1): Insufficient flow, loss of appetite, lips and face pale, possibly fever, extremities cold, dizziness, palpitation, pulse weak.

Treatment (1): Tonify SP-6, SP-10, VC-6, BL-18, BL-20, BL-23. If abdominal pain, sedate ST-29.

Cause (2): Worry, depression, emotional upset, cold drinks, irregular life, sleeping in cool draft.

Symptoms (2): Abdomen feels hard and distended, constipation, black stool, chest congestion, thirst, slight nausea, yellow-coated tongue, pulse fine and irregular.

Treatment (2): Tonify LI-4; Sedate SP-6, SP-10, SP-8, KI-13. If backache, tonify BL-23.

Dysmenorrhea

Cause (1): Disorder of Liver and Spleen meridians — Chi (energy) of blood congested.

(cont.)

Dysmenorrhea (cont.)

Symptoms (1): Chest congestion, intermittent abdominal pain, abdominal distention, sparse flow.

Treatment (1): Sedate LV-2, VC-6, VC-3, VC-12, SP-8.

Cause (2): Internal clotting.

Symptoms (2): Lower abdomen very painful on pressure; flow purple or black in color; alternately feels cold and hot; feels better if flow increases; pulse rough and fine.

Treatment (2): Tonify and moxibustion CV-4; Tonify BL-23, LI-4; Sedate SP-6, SP-10.

Menorrhagia

Cause: Deficiency of Spleen Original Energy; inflammation in Liver; emotion (flow may be excessive because it has been temporarily blocked due to emotion).

Symptoms: Period begins with immediate excessive flow.

- 1) "Hot" symptoms — flow bright red and has "fishy" odor, yellow-coated tongue, pulse fast.
- 2) "Cold" symptoms — flow dark red, patient feels cold, cannot tolerate pressure on lower abdomen.
- 3) "Blockage" symptoms — flow purple or black, clotted; pain in lower abdomen.

(cont.)

Menorrhagia (cont.)

Treatment: Tonify BL-23, BL-20, SP-1, SP-6, GV-20, VC-4.
If "Hot" also sedate SP-10, LV-1.
If "Cold" also tonify GV-4.
If "Blockage" also sedate ST-30, LV-3.

Irregular Menstrual Cycle

Cause (1): Heat in blood from Liver inflammation.

Symptoms (1): Redness in face, feels feverish and dizzy, thirst, may be constipated, flow bright red and profuse; tongue red, pulse fast and tense.

Treatment (1): Sedate SP-6, SP-10, LV-2.

Cause (2): Blockage in circulation of blood.

Symptoms (2): Flow purplish and clotted, small in quantity, not easy to get out; lower abdomen distended and painful.

Treatment (2): Sedate CV-3, SP-6, SP-10.

Cause (3): Exhaustion from over-doing; Spleen meridian deficient.

Symptoms (3): Lack of energy, pale face, weak, fatigued, head feels heavy and achy, palpitations, shortness of breath, lumbago, leg pain; flow light red, profuse, thin; pulse weak and fine.

(cont.)

Irregular menstrual cycle (cont.)

Treatment (3): Tonify KI-3, SP-36, VC-6.

Menstrual Period Late

Cause (1): Too much cold food and drink (uterus has cold and deficient symptoms).

Symptoms (1): Pale face, inability to tolerate cold, fatigue; flow light red, sparse; thin white coat on tongue; pulse slow and deep.

Treatment (1): Tonify VC-6, SP-6, SP-10, ST-28.

Cause (2): Deficiency in blood.

Symptoms (2): Flow light red and sparse, patient underweight, weak, pale, dizzy; dry skin, insomnia, palpitations, back pain; tongue pale pink and smooth (not furred); pulse weak and fine.

Treatment (2): Moxa on SP-6, SP-10, VC-6, ST-28, Sedate VC-3.

Cause (3): Deficiency in energy.

Symptoms (3): Severe pain in lower abdomen on pressure; pain may extend to chest, particularly in nipples.

Treatment (3): Tonify VC-6, SP-6, SP-10; Sedate HC-6, LV-2.

Vaginal discharge

Cause: Moisture and cold; emotion, particularly anger, which irritates and inflames the liver (excess or heat in Wood causes deficiency in Earth, which then allows excess to develop in Water); general debility due to too much sex or too many pregnancies.

Symptoms (1): Discharge reddish in color.

Treatment (1): Sedate GB-26, SP-9, SP-6, CV-3, LV-2, BL-30; Tonify BL-23.

Symptoms (2): Discharge is white.

Treatment (2): Tonify GB-26, SP-6, ST-36, VC-6, BL-20.

In either case: If Liver pulse is too strong, also Sedate LV-2 and LV-6.

Prolapsed Uterus

Cause (1): Too much work after pregnancy — deficiency in Spleen, deficiency in original energy.

Symptoms (1): Pale face, shortness of breath, weakness, thin coat on tongue, frequent urination, loose stool, pulse fine and weak. (Deficient symptoms).

Treatment (1): Tonify GV-20, BL-20, BL-23, BL-49, SP-6, VC-4.

(cont.)

Prolapsed uterus (cont.)

Cause (2):	Moisture and heat in lower abdomen.
Symptoms (2):	Urine is insufficient, reddish in color, has bad odor; tongue has sticky yellow coat; pulse strong and fast. (Excess symptoms.)
Treatment (2):	Tonify GV-20, VC-3; Sedate LV-2, SP-9.

NAUSEA GRAVIDARUM
(Morning Sickness continuing beyond 3 or 4 months.)

Treatment:	Sedate HC-6, LV-2, ST-36, ST-44; Moxa on VC-17.
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INSUFFICIENT LACTATION
(Galactoschesis or Galactostasis)

General symptoms:	Not enough milk, nipple does not evert, pale face, fatigue, cannot tolerate cold, shortness of breath, dizziness, headache, buzzing in ear, backache, leg pain, either diarrhea or constipation, frequent urination.
Deficient and Hot Symptoms:	Cheeks red, fever in afternoon, worried, insomnia, palms of hands hot, constipation, urine light yellow, lips dry, tongue has thin yellow coat, pulse fast and fine.
Treatment (Deficient):	Tonify SI-1, SI-11, BL-18, BL-17.
Excess Symptoms:	Nipple swollen or painful, pain or swelling in rib area, constipation, tongue has sticky yellow coat, pulse rough.

(cont.)

Insufficient lactation (cont.)

Treatment (Excess): Sedate ST-18, HC-6, LV-14.

Menopause

Special Formula: SP-6, SP-10, VC-4.

DISEASES OF CHILDREN

Convulsion

Cause: Cold wind, moisture, indigestion, chest congestion.

Symptoms: Eyes rolled back, teeth clenched, limbs shaking, neck rigid, cheeks red, fever.

Treatment: Bleed LU-11, HC-9, LI-1, TH-1, SI-1; Sedate GV-20, GV-24, GV-14, LI-4, LI-11.

If chest congestion: Sedate ST-40, GB-34.

If limbs shaking: Sedate LV-2, TH-5, HC-6.

If fever high: Sedate VC-12, BL-15, BL-18.

Colds and Flu in Children

Cause: Weakened function of Spleen and Stomach.

Symptoms: Common cold, complicated by chills, fever, nausea, diarrhea, fatigue, dry skin, petechiae, cold extremities.

(cont.)

Colds and flu (cont.)

Treatment:	Tonify ST-36, VC-4, BL-20, BL-23.
If fever high:	Sedate GV-14, TH-5.
If diarrhea:	Moxa on ST-25, VC-11.
If sleep too much:	Tonify HC-7, HT-7.

STOMACH DISORDERS

Cause:	Infection, too much food, wrong food, worms.
Symptoms:	Indigestion, nausea, vomiting, stomach pain, urine gluey, sweating, fever, crying, loss of appetite, abdomen hard and distended, dry skin, pale face.
Treatment:	<p>If caused by infection — Sedate ST-44, BL-22; Tonify VC-6, VC-11. Prick each of the four fingers on the palmar side in the center of the most proximal of the two creases at the flexure of the first and second phalanges (miracle points). Squeeze each point until it emits a yellowish fluid.</p> <p>If caused by food — Sedate ST-36, ST-44, VC-12, BL-25. Also prick the phalangeal points as above.</p> <p>If caused by worms — Sedate ST-36, ST-44, VC-12, BL-25. Also the miracle point “Nest of 100 Worms,” one inch above SP-10.</p>

HUNDRED-DAY COUGH

Cause:	Deficiency in Lung and Spleen meridians.
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(cont.)

Hundred-day cough (cont.)

Symptoms:	Onset of disease is marked by cough, nasal congestion and dripping; sometimes chills, fever, headache. As the disease progresses, coughing becomes severe and paroxysmal; patient gets red in face, vomits, sometimes coughs up blood; fatigue, paleness, puffiness in eyes and face usually appear.
Treatment:	Tonify BL-13, BL-20; Sedate LU-5, LU-9, LI-4. Prick eight phalangeal points — miracle points “Four Fingers.”

BEDWETTING

Cause:	Deficiency in Kidney, Bladder, and Lower Heater of Tri-Heater meridians — cannot control Water.
Symptoms (1):	Dizziness, loss of weight, mental dullness; back pain; pulse deep and weak.
Treatment (1):	Tonify VC-4, VC-6, SP-6, BL-23.
Symptoms (2):	Yellow face, loss of appetite, fatigue; pulse soft and weak.
Treatment (2):	Tonify ST-36, BL-20, GV-20.
Symptoms (3):	Involuntary micturition while awake, during emotional stress (laughter, fright, anger, etc.).
Treatment (3):	Tonify VC-3, GB-34.

TOOTHACHE

Cause: Irregular life, wrong food, inflammation of stomach.

Symptoms (1): Sometimes feel cold then hot, headache, thirst, nasal congestion; pulse superficial and fast. (Called Wind-Hot toothache.)

Treatment (1): Sedate LI-4, TH-5, ST-6.

Symptoms (2): Bad breath, restlessness, constipation, yellow-coated tongue; pulse slippery and strong. (Called Stomach-Hot toothache.)

Treatment (2): Sedate ST-43, LI-4.

Symptoms (3): Tooth pain intermittent, tongue bright and smooth (not furry); pulse fine, fast, and weak. (Called Deficient-Hot toothache.)

Treatment (3): Tonify KI-1, KI-3; Sedate LV-2.

Symptoms (4): Tooth is decayed.

Treatment (4): Sedate LI-4, ST-44.

EDEMA

Cause: Aberrant wind from outside dams up

(cont.)

Edema (cont.)

moisture inside. Spleen and Lung meridians cannot function properly to circulate water.

Symptoms (1):

Called **Yang Edema**. Swelling starts in face, goes to upper limbs; craving for cold drinks; constipation; urine yellowish-red; sudden onset; patient still in good spirits; good skin color; voice gets rough and broad; chest feels a little congested; pulse slippery and strong.

Treatment (1):

Sedate LU-7, SP-9, KI-7, BL-28.

Symptoms (2):

Called **Yin Edema**. Swelling moves from lower to upper; feels cold; lessened urine excretion, light yellow color; loose bowel movements; fatigue; pale face; pulse deep, fine, weak.

Treatment (2):

Tonify BL-20, BL-23, ST-36; Moxa on VC-6, VC-9.

**EDEMATOUS SWELLING AND PAIN
IN FEET AND KNEES**

Cause (1):

Cold or Hot from moisture invades lower limbs — deficiency in Spleen meridian (Spleen controls the four limbs).

Symptoms (1):

Called **Moisture Foot Energy** — excess. Feet and lower legs swollen, feel weak, numb, heavy, and sore; walking difficult.

(cont.)

Edematous swelling (cont.)

- Treatment (1): Sedate SP-6, GB-34, GB-39, ST-36, ST-41, VC-4.
- Cause (2): General weakness and bad health — moisture and heat mixed in Chi of Spleen meridian.
- Symptoms (2): Called **Dry Foot Energy** — deficiency. Fatigue, loss of appetite, loss of weight. Legs feel cold, numb, painful, muscles shrink.
- Treatment (2): Tonify SP-6, SP-10, KI-3, GB-39, ST-36, BL-58, VC-4.

ABDOMINAL DISTENTION

- Symptoms (1): **Water Swelling.** Gurgling in intestine, swelling in abdomen, also a little in extremities, pitting on pressure; shiny look to skin, scanty urine, shortness of breath.
- Treatment (1): Tonify BL-20; Sedate SP-9, BL-23, KI-7; Moxa on VC-9.
- Symptoms (2): **Air Swelling.** Skin returns to normal after pressure on swollen areas. If generally healthy, symptoms will be light; if in weakened condition, symptoms may be serious.
- Treatment (2): Sedate VC-6, VC-11, VC-17, ST-36.

(cont.)

Abdominal distention (cont.)

- Symptoms (3): **Eating Swelling.** Stomach and abdomen feel full and congested. Sour, watery regurgitation. Sighing.
- Treatment (3): Sedate ST-25, ST-44, VC-12, BL-21; Tonify BL-20.
- Symptoms (4): **Blood Swelling.** Constipation, black stool, fullness and hardness in lower abdomen, scaly skin.
- Treatment (4): Sedate VC-3, SP-10, BL-17; Moxa on LV-13 and LV-14.
- Symptoms (5): **Warm Swelling.** Stomach pain; face hot, red, spotted; some swelling around eyes.
- Treatment (5): Sedate VC-12, ST-44, also "Nest of 100 Worms," one inch above SP-10.
- Symptoms (6): **Single Swelling.** (Abdomen only — no swelling on limbs.) Abdomen swells like drum — can see black veins — face and extremities get thin. Color of skin darkens. Urine and feces "very bad," in all respects.
- Treatment (6): Moxa on VC-6, BL-20, BL-17, LV-13.

STOMACH PAIN

(Any of the four causes may produce any of the seven groups of symptoms)

(cont.)

Stomach pain (cont.)

- Cause (1): Stomach is in area of Center Heater. When emotionally upset, energy will be congested in Center Heater.
- Cause (2): Spleen excess — moisture accumulates and produces phlegm.
- Cause (3): Irregular diet.
- Cause (4): Mixture of cold, heat, and moisture in Stomach meridian. Could be from inner or outer causes; will cause pain.
- Symptoms (1): Called “**Chi Painful.**” Stomach pain, distention, sour regurgitation; pain aggravated by emotion of any kind; pulse taut and strong. (Aberrant energy from Liver invades Stomach).
- Treatment (1): Sedate VC-12, ST-41, HC-6, LV-3.
- Symptoms (2): Called “**Food Accumulation Painful.**” Stomach feels compressed (“knot in stomach”); sighing, bad breath.
- Treatment (2): Sedate VC-11, ST-36, ST-44.
- Symptoms (3): **Mucus Congestion.** Pain in stomach; vomit contains mucus; palpitations; a little dizzy.
- Treatment (3): Moxa on VC-14, VC-10, ST-40.

(cont.)

Stomach pain (cont.)

Symptoms (4): **Blood Congestion (blockage).** Pain moves about in stomach and chest; may vomit a little blood; black stool.

Treatment (4): Sedate SP-6, BL-17; Moxa on LV-14.

Symptoms (5): **Hot Pain.** Mental depression, *t h i r s t*, yellow-coated tongue, fast pulse.

Treatment (5): Sedate HC-6, ST-43.

Symptoms (6): **Cold Pain.** Urine light yellow; loose stool; extremities feel cold. Application of heat externally provides some relief. Pulse slow.

Treatment (6): Moxa on VC-14, VC-4.

Symptoms (7): **Deficient Pain.** Has been in bad health for some time, feels weak; pressure on painful area provides some relief. Pulse fine and weak, or fine and taut; fatigue.

Treatment (7): Tonify ST-36, VC-6 BL-20.

NAUSEA

Cause (1): Cold in Spleen and Stomach meridians.

Symptoms (1): **Cold Nausea.** Vomit watery; prefers hot food, then vomits again; extremities feel cold; weak digestion; not thirsty; pulse deep and slow.

(cont.)

Nausea (cont.)

Treatment (1): Tonify HC-6, BL-20; Moxa on LV-14, VC-13.

Cause (2): Hot aberrant energy in Stomach meridian.

Symptoms (2): **Hot Nausea.** The vomit is sour, bitter, hot, has bad odor; after vomiting prefers cold food and drink, then vomits again; no bowel movement; urine yellowish; tongue yellow-coated; pulse fast and slippery.

Treatment (2): Sedate VC-12, BL-21, HC-6, ST-36.

Cause (3): Moisture congested in Stomach meridian — phlegm.

Symptoms (3): **Moisture Nausea.** Congestion in chest; vertigo; vomit is mixed with mucus; pulse slippery.

Treatment (3): Sedate ST-36, ST-40, VC-12, VC-6.

Cause (4): Irregular eating and drinking.

Symptoms (4): Congestion in chest and abdomen; sighing; bad breath; odorous gas expulsion; constipation.

Treatment (4): Sedate VC-21, ST-36, SP-4.

(cont.)

Nausea (cont.)

- Cause (5): **Earth Deficient.** Wood (Liver) in excess.
- Symptoms (5): Rib cage painful; sour regurgitation; pulse strong and taut.
- Treatment (5): Sedate LV-2; Tonify ST-41, ST-45.

INABILITY TO EAT

- Symptoms (1): **Deficiency.** Esophagus c o n t r a c t s; can drink water, but very difficult to swallow food, as if esophagus is obstructed; painful to touch; constipation; feces dry and in small balls, like lamb excreta; tongue dark purplish-red; pulse fine; fatigue.
- Treatment (1): Tonify BL-20, VC-6, ST-36, SP-4.
- Symptoms (2): **Excess.** Tongue sticky, thick-coated; diaphragm very painful to touch; difficult breathing; pulse taut, slippery and strong.
- Treatment (2): Sedate VC-17, VC-14, BL-21, BL-41, TH-6.

INABILITY TO RETAIN FOOD

- Cause (1): **Deficiency.**
- Symptoms (1): Extreme fatigue — effort even to talk; tongue thin-coated, light in color; pulse weak.
- (cont.)

Inability to retain food (cont.)

Treatment (1): Tonify VC-6, VC-11, ST-21, ST-36.

Cause (2): **Excess.**

Symptoms (2): Cold congests moisture causing phlegm; abdominal pain; tongue sticky, thick-coated; pulse taut and slippery.

Treatment (2): Sedate HC-6, VC-14, VC-8, LV-14; Moxa on VC-17.

PAIN IN SIDE

Cause (1): Area of side is controlled by Liver meridian. Emotion (particularly anger) will harm the liver, causing Chi to become congested and excessive.

Symptoms (1): Pain becomes worse when patient is worried or angry. Pain is not confined to one spot, but moves around. Could affect stomach, resulting in mild nausea. Pulse taut and big.

Treatment (1): Sedate LV-3, LV-17, GB-34, ST-3.

Cause (2): Blood is deficient and cannot nourish liver; Liver meridian becomes deficient.

(cont.)

Pain in side (cont.)

- Symptoms (2): Vertigo, tinnitus, weakness, some fever, pale face.
- Treatment (2): Tonify KI-3, BL-18, BL-17; Sedate LV-14.
- Cause (3): Liver is deficient — mucus and blood congestion.
- Symptoms (3): Severe pain in one or both sides; gurgling in intestine; constipation or black stool.
- Treatment (3): Sedate LV-13, LV-14, VC-12, ST-40.

JAUNDICE

- Cause (1): **YANG JAUNDICE.** Hot in Gallbladder meridian and moisture in Stomach meridian, infiltrating to Spleen and Lung meridians.
- Symptoms (1): Whole body turns a fresh orange-yellow color — skin, face and eyes; fever, thirst, constipation, congestion in stomach; chest painful to touch; urine yellowish, burning sensation when voiding; pulse fast and strong; yellow, dry-coated tongue.
- Treatment (1): Sedate LV-3, BL-43, BL-19, SP-9, VC-11.
- Cause (2): **YIN JAUNDICE.** Blockage of bile by moisture causes excess in Spleen meridian.

(cont.)

Jaundice (cont.)

- Symptoms (2): Skin color dark yellow; cannot tolerate cold; no fever; loss of sense of taste; fatigue, sweating, diarrhea; pulse weak and fine, or slow and deep; tongue thin sticky-coated.
- Treatment (2): Tonify BL-23, BL-20, VC-12, ST-36; Sedate BL-18.

CHOLECYSTITIS — GALLSTONES

- Cause: (Same for cholecystitis and gallstones.) Hot congested Yin energy in Spleen and Stomach meridians — blockage in gallbladder or liver.
- Symptoms: Stomach pain; intermittent local pain in gallbladder area, sometimes radiating to shoulder; jaundice; feels alternately hot and cold; nausea, vomit has bitter taste; mouth dry and bitter-tasting; constipation; urine meager and yellowish-red; tongue yellow, rough-coated; pulse taut and fast.
- Treatment: Sedate BL-18, BL-19, GB-25, GB-34, LV-14, LV-3, VC-12.

DIABETES

- Cause (1): Too much alcohol, rich food, sugar; self-indulgence causes dryness in inner organs — first Lung, then Spleen, then Kidney has excess of aberrant heat (Fire).

(cont.)

Diabetes (cont.)

- Symptoms (1): Frequent urination, sugar in urine; tongue and throat hot, like burning in fire; constant thirst, even through the night.
- Treatment (1): Sedate BL-13, LU-11, LU-5; also bleed Miracle Points under tongue (Golden Fluid and Jade Fluid).
- Cause (2): Excess heat in Spleen Yin energy, which affects Stomach.
- Symptoms (2): Eat avidly and much, but still feel hungry; lose weight; thirst, constipation, sugar in urine.
- Treatment (2): Sedate BL-20, VC-12, ST-28, ST-43.
- Cause (3): Kidney Yin deficient. If Yin deficient, Yang Fire element will be in excess.
- Symptoms (3): Frequent urination, skin on rims of ears dry.
- Treatment (3): Sedate LV-2, KI-2; Tonify VC-4, BL-23.

HIGH BLOOD PRESSURE (Hypertension)

- Cause (1): **Deficiency.** Too much worry, too much sex. (Blood cannot nourish the Liver.)

(cont.)

High blood pressure (cont.)

Symptoms (1):	Headache, dizziness, insomnia; pulse fine and wiry.
Treatment (1):	Sedate LV-2, LV-3; Tonify KI-3, BL-15, BL-23.
Cause (2):	Excess. Eating too much fat or sugar; anger. Moisture congests, phlegm forms.
Symptoms (2):	Pain in chest and rib cage; fatigue; thirst; numbness in extremities; white or yellow coating on tongue; pulse smooth and very strong.
Treatment (2):	Sedate ST-40, VC-12, LV-2, BL-18, HC-7.
Special Formula:	Tonify KI-3, BL-15; Sedate LI-4.
Miracle Point:	“Snuff Box.” In angle of first and second metacarpals. Insert needles $\frac{1}{2}$ ” to $\frac{3}{4}$ ”, leave 25 minutes.

LOW BLOOD PRESSURE (Hypotension)

Special Formula:	Tonify BL-15, SP-6.
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INSOMNIA

Cause (1):	The God inside your heart controls the blood; enough blood will nourish the heart.
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(cont.)

Insomnia (cont.)

Worry will cause the Chi to congest in the Heart meridian, and the blood cannot nourish the heart.

Symptoms (1): Weak; pale face; pulse weak and fine. Called Deficiency of blood in Heart and Spleen.

Treatment (1): Tonify SP-6, SP-10, HT-7, BL-17.

Cause (2): The heart is Fire; kidney is Water. If the Kidney meridian is deficient, the Water cannot control Fire.

Symptoms (2): Dizziness, backache; leukorrhea or wet dreams; face dark in color; pulse fast and fine.

Treatment (2): Tonify KI-1, BL-23, BL-15; Sedate HC-8.

Cause (3): Excess of Fire element in Liver meridian, due to damage from anger.

Symptoms (3): Headache; pain and distention in sides; short tempered; bitter taste in mouth; pulse taut.

Treatment (3): Sedate BL-18, BL-19, LV-3.

Cause (4): Irregular diet — Function of Spleen and Stomach is disordered; phlegm forms.

(cont.)

Insomnia (cont.)

- Symptoms (4): Stomach feels heavy and depressed; cough up phlegm; constipation; sticky or yellow-coated tongue; pulse strong and slippery.
- Treatment (4): Sedate BL-21, VC-12, ST-40, HC-6.

VERTIGO

- Cause (1): Yang deficiency — all energy weak. When Yang energy gets weak, the brain feels empty, memory is poor, buzzing in ears, poor vision, head feels inflated and big.
- Symptoms (1): Fatigue, paleness, chills, likes to stay in bed, pulse weak.
- Treatment (1): Tonify ST-36, VC-4, BL-23, BL-20.
- Cause (2): Kidney (Water) deficient. Excess of Yang energy in the Liver (a Yin meridian) will cause vertigo.
- Symptoms (2): Backache, palpitations, insomnia, red-coated tongue, pulse fine.
- Treatment (2): Sedate GB-20, BL-18, LV-2; Tonify KI-1, KI-3, BL-23. (Sedate LV, Tonify KI)
- Cause (3): General bad health — moisture congested, produces phlegm.

(cont.)

Vertigo (cont.)

- Symptoms (3): Loss of appetite, gurgling in intestines, palpitations, nausea; chest and stomach feel depressed; pulse taut and slippery.
- Treatment (3): Sedate VC-12, ST-40, ST-41, HC-6.

IMPOTENCE AND FRIGIDITY

- Cause (1): Think too much; worry; Heart and Spleen meridian congested.
- Symptoms (1): Pain in low back and shoulder; headache; dizziness; fatigue; pulse weak and fine.
- Treatment (1): Moxa on BL-23, GV-4; Tonify VC-3, SP-6.
- Cause (2): Exhaustion from mental strain.
- Symptoms (2): Indigestion; chest congestion; dream excessively; pulse fine.
- Treatment (2): Tonify BL-15, BL-20, HT-7, VC-3; Sedate SP-6, ST-40.
- Cause (3): Fear.
- Symptoms (3): Palpitations, restlessness, fatigue.
- Treatment (3): Sedate BL-18, BL-19; Tonify VC-3.

(cont.)

Impotence and frigidity (cont.)

(Miracle points at root of penis sometimes recommended, but dangerous to use)

Special Formula: SP-6, Miracle points "Sperm Palace,"
VC-3, BL-23.

WET DREAMS (Nocturnal Emission)

Cause (1): Excess of aberrant energy in Heart, Liver,
and Kidney meridians.

Symptoms (1): Restlessness, dizziness, face red and feverish;
pulse taut, fine, and fast.

Treatment (1): Sedate BL-13, HT-7, LV-3, KI-1.

Cause (2): Weakness — Lower Heater hot and moist.

Symptoms (2): Urine yellowish; chest feels dry and
congested; thirsty; sleeps restlessly.

Treatment (2): Sedate VC-3, SP-10, SP-6, KI-3.

Cause (3): Exhaustion — Energy is not strong
enough to hold sperm.

Symptoms (3): Fatigue.

Treatment (3): Tonify VC-3, VC-6, GV-20, BL-23.

(cont.)

Wet dreams (cont.)

- Cause (4): Kidney deficient — cannot hold sperm.
- Treatment (4): Tonify KI-3, VC-2, VC-4, BL-23, BL-30.

PROSTATE TROUBLE

- Cause (1): Heat in Bladder and Kidney meridians
(excess of Fire element).
- Symptoms (1): Urine is hot; patient prone to worry;
constipation; congestion in lower abdomen;
pulse fast; yellow, sticky-coated tongue.
- Treatment (1): Sedate BL-23, BL-28, VC-3, KI-7, SP-9.
- Cause (2): Deficient Yang energy.
- Symptoms (2): Low energy, fatigue, tongue smooth; pulse
deep and fine.
- Treatment (2): Tonify VC-4, GV-20, GV-4.
- Symptoms (3): Can't urinate, vomiting, lower abdomen
distended, pulse very irregular; condition
is serious.
- Treatment (3): Sedate SP-10, SP-6, BL-47, BL-54; Tonify
KI-1.

FATIGUE AND GENERAL WEAKNESS

Cause:	Irregular life; too much worry, sex, alcohol.
Symptoms (1):	Yang deficiency — lack of energy, deepened voice, cough, inability to tolerate cold, dizziness, fatigue; may have diarrhea, nausea, vomiting, cold extremities; pulse fine and weak.
Treatment (1):	Tonify BL-13, BL-20, BL-23, BL-38, ST-36, VC-4.
Symptoms (2):	Yin deficiency — back pain, soreness, nocturnal emission, loss of weight, extended menstrual period with scarcity of flow, pulse fast and fine; may have cough, vomiting of blood, fever, sweating.
Treatment (2):	Tonify BL-13, BL-20, BL-23, SP-6, KI-3. Sedate LU-5, LV-2.
If coughing up phlegm:	Sedate ST-40, VC-22.
If fever and sweating:	Sedate HC-8, GV-14.
If vomiting blood:	Sedate LU-10.

HERNIA

- Cause (1):** **Cold Hernia.** Exposure to moisture or chilling — Yin Chi congests inside.
- Symptoms (1):** Rectum feels cold; heart heavy.
- Treatment (1):** Sedate LV-1, SP-6, VC-6; Moxa on VC-4, KI-6.
- Cause (2):** **Water Hernia.** Too much alcohol; or get overheated then get into cold, wet wind.
- Symptoms (2):** Back of sacrum feels painful, swollen. Touch lower abdomen — feels like water inside.
- Treatment (2):** Sedate LV-1, SP-6, VC-6; Moxa on ST-28, LV-8.
- Cause (3):** **Muscle Hernia.** Too much sex; trauma.
- Symptoms (3):** Penis swollen and painful, some discharge.
- Treatment (3):** Sedate LV-1, SP-6, VC-6; Moxa on ST-30, GB-34, KI-3.
- Cause (4):** **Blood Hernia.** Caused by failure to ejaculate semen.

(cont.)

Hernia (cont.)

Symptoms (4): Hard swelling in lower abdomen.

Treatment (4): Sedate VC-3, VC-6, LV-3, SP-9.

Cause (5): **Energy Hernia.** Emotion — Liver Chi congested or blocked.

Symptoms (5): Pain in low back and scrotum.

Treatment (5): Sedate VC-6, LV-2, SP-6.

Cause (6): **Fox Hernia.** Cold and moisture inside will allow energy to go up and down.

Symptoms (6): Pain, could be anywhere.

Treatment (6): Sedate LV-2, SP-6; Moxa on ST-40, LV-12.

Special Formula: LV-3, SP-6, VC-6, LV-12, VC-12.

POST-OPERATIVE or POST-PARTUM PROBLEMS

Cause: Aberrant wind, cold, or moisture blocks path of meridian; or after delivery — deficient Yin, blood dry, muscles have no nourishment.

Symptoms: Clenched teeth, stiff neck, muscle tension, fever, cold extremities. (High fever after delivery.)

(cont.)

Post-operative or post-partum problems (cont.)

Treatment: Sedate LU-11, GV-16, GV-14, BL-60, LI-4;
Tonify SP-10.

MISCELLANEOUS SYMPTOMS

Cause: Failure of Yin and Yang energy to cooperate.

Symptoms (1): **Cold symptoms.** Chills, feel cold, pale face, fatigue, not thirsty, maybe diarrhea. Pulse deep and fine.

Treatment (1): Moxa on umbilicus, VC-4, ST-36, KI-3.

Symptoms (2): **Hot symptoms.** Start with fever, nervous, restless, pulse slippery. After a few days, extremities cold, thirst, constipation, clenched teeth. Face red, mind dull and not clear.

Treatment (2): Tonify LI-4, LI-11, ST-43, KI-1.

Symptoms (3): **Moist symptoms.** Sore throat, cough up mucus, cold extremities, lose consciousness (fainting), pulse deep and slippery.

Treatment (3) Sedate VC-12, ST-40, HC-8.

Symptoms (4): **Digestive symptoms.** Loss of speech, restricted movement in limbs, fever, thirst, sighing, bad breath.

(cont.)

Digestive symptoms (cont.)

Treatment (4): Sedate HC-6, BL-21, VC-12, ST-44.

Symptoms (5): **Chi symptoms.** Short breath, loss of speech, fainting, chest congestion, clenched teeth.

Treatment (5): Sedate HC-6, VC-6, VC-15.

Symptoms (6): **Wind in the Liver symptoms.** Upper and lower limbs tense and rigid; fainting, dizzy, pulse strong and taut.

Treatment (6): Sedate LV-3, LV-2, GB-34, BL-18.

SPECIAL FORMULAE FOR PAIN

Low back pain: BL-32, BL-35, BL-50, BL-57.

Shoulder pain: LI-15, SI-9, BL-12, LI-11.

Arm and elbow pain: LI-11, LI-4.

Whiplash: GB-20, GV-14, BL-64.

Sacroiliac: GB-30, BL-31, BL-57, BL-60.

Hip pain: GB-31, GB-34, GB-41, trigger point.

(cont.)

Special formulae (cont.)

Knee pain:	ST-34, ST-36, ST-44, Miracle points — “Two Eyes of the Knee.”
Ankle pain:	ST-41, SP-5, GB-40.
Sciatica:	BL-24, GB-30, BL-54, BL-57, BL-67.
Trifacial neuralgia:	LU-7, local point.

**SPECIAL FORMULAE FOR MISCELLANEOUS
CONDITIONS**

Sinusitis:	LI-4, BL-2, GV-23, TH-23.
Cardiac arrhythmia:	HC-6, HE-7.
Stomach ulcers:	ST-36, ST-25, VC-13.
Colitis:	ST-36, and local points.
Bell's palsy:	LI-4, ST-4, ST-6.
Gallbladder trouble:	Source point (GB) plus either Alarm point or Associated point, whichever is tender.
Liver trouble:	Source point (LV) plus either Alarm point or Associated point, whichever is tender.

(cont.)

Special formulae (cont.)

Kidney trouble:	Source point (KI) plus either Alarm point or Associated point, whichever is tender.
Bladder trouble:	Source point (BL) plus either Alarm point or Associated point, whichever is tender.
Lung trouble:	Source point (LU) plus either Alarm point or Associated point, whichever is tender.
Large Intestine trouble:	Source point (LI) plus either Alarm point or Associated point, whichever is tender.
Spleen (pancreas) trouble:	Source point (SP) plus either Alarm point or Associated point, whichever is tender.
Stomach trouble:	Source point (ST) plus either Alarm point or Associated point, whichever is tender.
Small Intestine trouble:	Source point (SI) plus either Alarm point or Associated point, whichever is tender. (The Small Intestine meridian may be treated indirectly by treating the Tri-Heater meridian by the same method.)
Heart trouble:	Source point (HT) plus either Alarm point or Associated point, whichever is tender — TONIFY only. (The Heart meridian may be treated indirectly by treating the Heart Constrictor meridian by the same method. If sedation of the Heart meridian is needed, always treat the Heart Constrictor meridian.)

CHAPTER XV

HOW TO USE SPECIAL-EFFECTS POINTS

Scattered throughout acupuncture literature, old and new, are accounts of certain acupoints or combinations of acupoints which are said to have special effects in treatment of certain conditions and symptoms.

We have selected for inclusion in this book those usages which have lasted through centuries of trial and are still valued by many acupuncturists today. These special-effects acupoints are called:

Emperor-Minister Points

Miracle Points

Ghost Points

God Points

Wind Points

Concentration Points

Primary-Secondary Effects Points

HOW TO USE THE EMPEROR-MINISTER POINTS

Early manuscripts as well as recent Chinese writings list certain acupuncture points which, when treated in combination, appear to be especially effective. The points that make up these combinations are called Emperors, Prime Ministers, and Assistant Ministers. They seem to produce

special effects when used together, or to reinforce each other and enhance results in specific areas or types of conditions.

These 30 Emperor-Minister combinations are listed below. The first point listed in each combination is the Emperor, the others are Ministers.

1. GV-13, LI-4, LI-11

(GV-13 is reunion point for all Yang meridians.) For headache and fever; clear all aberration from inside to outside.

2. LI-4, KI-7

(a) Tonify KI-7, Sedate LI-4. To strengthen Kidney meridian and also stop excessive sweating.

(b) Tonify LI-4, Sedate KI-7. To clear aberration from the superficial and induce sweating.

3. LI-11, LI-4

Effective for all disorders of head and face; clear heat and wind, also effective for Upper Heater.

4. GV-26, GV-16

Effective for disorders of brain and nerve center, such as stroke, fainting, lockjaw.

5. LI-15, LI-11

Good for stroke, paralysis, rheumatism, arthritis.

6. GB-30, GB-34

Use for any problem in lower limbs, particularly of muscle and ligament; atrophy.

7. **LI-11, BL-54, LI-9** Effective in all limb problems caused by wind and moisture; paralysis, numbness.
8. **LI-15, GB-34** To clear congestion in Lung and Liver; clear aberrant energy from LI, LU, LV, and GB meridians; for problems in lateral aspects of torso. (The four bilateral points are called "The Four Ports.")
9. **LI-15, SP-6** SP-6 is effective in Yin and blood disease; LI-15 is Yang. Together they are effective in clearing heat in the blood.
10. **ST-36, SP-6** Tonify all four points (bilateral) to alleviate cold symptoms in Stomach and Spleen meridians; soreness and numbness in legs.
11. **GB-34, ST-36** Effective for phlegm in Middle Heater area; nausea, diarrhea, bitter taste in mouth, vomiting; rheumatism or arthritis in knees. Tonify all four points (bilateral). (If Wood and Earth lose energy, the Middle Heater will lose its function. GB-34 clears heat from LV; ST-36 gives energy to SP and ST.)
12. **LI-4, LV-3** Improves circulation of energy and blood; good for symptoms caused by wind; numbness and paralysis. (Source Points: LI-4 is effective for Lung energy; LV-3 for Yin and blood.)
13. **ST-40, GB-34** Good for constipation, high blood pressure, chest congestion, phlegm. (ST-40 is Luo point, connecting with SP; GB-34 is Earth point of Wood element. The nature of the two points is always to go toward the lower part of the body.)

- | | |
|------------------|--|
| 14. VC-6, ST-25 | Good for any abdominal disorder. (VC-6 tonifies Yang of KI; ST-25 clears aberrant energy in abdomen.) |
| 15. VC-12, ST-36 | Effective for nausea, vomiting, chest congestion. (VC-12 is Alarm Point of ST; ST-36 is Horary point.) |
| 16. LI-4, ST-36 | For indigestion, sedate both; if energy in ST weak, tonify both. |
| 17. LI-10, ST-36 | Upper San Li and Lower San Li (Three Miles); good for diseases that affect upper and lower limbs. |
| 18. HC-8, ST-36 | Good to clear heat (inflammation) from chest and from ST meridian. |
| 19. HC-6, GV-14 | HC-6 is Luo point of HC (connects to TH), can clear heat from heart and chest; GV-14 is intersection point, clears moisture and heat from BL meridian. |
| 20. HC-6, SP-6 | Good for sweating, cough, loss of blood, wet dreams, menstrual blockage. |
| 21. LU-10, KI-3 | Good to clear inflammation from lung, coughing up blood, sweating. Tonify Earth point on Water meridian (KI-3) to irrigate Earth and generate Metal; sedate Fire point on Metal meridian (LU-10) to clear heat in Lung meridian. |
| 22. BL-10, BL-11 | Good for dizziness, stiff neck. Induce heat in BL meridian (down the spine). |

- | | |
|---|---|
| 23. VC-4, VC-6, also
Miracle Points (Uterus
Points) — 3 inches
lateral from VC-3 | Tonify all four points in both male and female to overcome difficulty in conception. |
| 24. LI-4, SP-6 | LI-4 is effective for Chi; SP-6 is effective for Blood. DANGER: In pregnant women, do not tonify LI-4 and sedate SP-6. This will strengthen energy and weaken blood, possibly causing abortion. |
| 25. LI-4, LU-11, LI-1 | Sedate LI-4, bleed LU-11 and LI-1. Good for sore throat, colds and fever. |
| 26. HC-3, BL-54 | Find the darkest spots on the veins and bleed (4 or 5 drops) to rid blood of poison and inflammation. |
| 27. ST-36, ST-44 | Sedate for stomach, leg, and kidney disorders. ST-44 is a special point for relieving toothache. |
| 28. LI-4, LI-11 | Good for disorders in upper part of body (chest and up); also for stinging sensation of skin anywhere on body. |
| 29. BL-54, BL-57, BL-60 | For leg pain; effective only if radiating sensation is felt by patient. |
| 30. GB-30, GB-34, BL-60 | Good for disorders in lower part of body, such as lumbago and sciatica. |

HOW TO USE THE MIRACLE POINTS

Our research has disclosed a total of 150 points on the body which practitioners

through the years have called "Miracle Points." Some are meridian points, some are non-meridian points. There are 28 on the face and head, 38 on the back of the torso, 33 on the front of the torso, 25 on the upper limbs, 20 on the lower limbs, and 6 miscellaneous. Of the 150, 17 non-meridian points occur with a frequency and reported consistency of results that deem them worthy of the name "Miracle Points."

**1. Se Shen Tzun, "Four
Clever Gods."**

These are four separate points. From GV-20, on the top of the head, measure one inch forward, back, right, and left. Insert needle in each point $\frac{1}{4}$ inch deep for hypertension, stroke, headache, dizziness, and vertigo.

**2. Yin Tang,
"Seal Palace."**

On median line of forehead at level of eyebrows. Good for headache, nasal disorders, paroxysm in children or adults.

3. T'ai Yang, "Sun."

On temporal vein at level of top of ear. Bleed to relieve headache and fever.

4. Erh Chen, "Ear Tip."

With your finger and thumb, fold the tip of the helix to the tip of the lobe. The point is at the outer limit of the crease thus formed in the center of the helix. Insert needle $\frac{1}{4}$ inch deep. Good for eye disease, particularly cataract.

**5. Chin Chin,
"Golden Fluid," and
Yu Yieh,
"Jade Fluid."**

On underside of tongue about $\frac{1}{2}$ inch either side of frenulum. They will be the darkest spots on the lingual veins. Good for stroke, loss of speech, speech difficulties, sore throat, vomiting.

6. Chi Tuan, "Asthma." On back, 2 inches from median line at level of disc between 7th and 8th dorsal vertebrae. Good for asthma, bronchitis, emphysema, other respiratory disorders. Moxa is especially good.
7. Yao Yen, "Two Eyes on the Waist." On back, 2 inches from median line, at level of disc between 4th and 5th lumbar vertebrae. Good for back pain, disorders of lower abdomen. Insert needle 1 inch deep.
8. Cheng Kung, "Sperm Palace." On back, 3 inches from median line at level of disc between 2nd and 3rd lumbar vertebrae. For impotence and frigidity. Moxa is especially effective.
9. Chi Chung Se Hsueh, "Four Points Around Umbilicus" One inch above, below, left and right of umbilicus. Good for diarrhea, sudden epileptic attacks in children. Moxa only.
10. Tzu Kung, "Palace of the Child" (Uterus) 3 inches bilateral of VC-3. Good for women's diseases or to overcome inability to conceive. Pique 2 inches deep.
11. Se Fung, "Four Fingers." On palmar side of four fingers, at center of more proximal of the two creases between first and second phalanges. Good for indigestion in children, asthma, cough. Prick and squeeze to emit drops of yellow fluid.
12. Hsih Hsuen, "Ten Announcements." Center of the extreme tips of ten fingers. Good for epilepsy; also acute disorders in upper part of body (the chest and above). Bleed. (Put your thumb and forefinger on the nail and the cushion at the end of the patient's finger and squeeze while pricking.)

- | | |
|--|--|
| 13. Pai Chung Hsueh, "Nest of One Hundred Worms." | 3 inches above the medial apex of the medial condyle of the tibia. Good for stomach pain caused by worms, for skin eruptions such as Herpes Zoster (shingles). Insert needle 1 inch deep. |
| 14. C'hi Yen, "Two Eyes of the Knee." | On either side of the apex of the patella. The needle is inserted 1½ inches deep at each point, at a 90 degree angle to the plane of the skin at that point. Have the patient seated, with legs flexed to right angles. Good for any problem with the knee joints. (The lateral point is ST-35.) |
| 15. Chien Ch'in, "Front of Shoulder." | One inch superior to the anterior end of the axillary crease, arm to side. Good for shoulder pain. Insert needle 2 inches deep. |
| 16. Erh Pai, "Two White Points." | On forearm, either side of ulna, palmar side, 4 inches above crease at flexure of wrist. Good for bleeding hemorrhoids. Insert needle 1 inch deep. |
| 17. "Snuff Box." | Miracle point for hypertension. In angle of first and second metatarsals. Insert needles ½" to ¾", leave 25 minutes. |

HOW TO USE THE 13 GHOST POINTS

In cases of psychosis or severe emotional disturbance, a specific diagnosis is frequently difficult to obtain. A "shotgun treatment" consisting of 13 "Ghost Points" has been used successfully for many centuries. These 13 points are also effective in epilepsy.

Sedate each point in the order given. In severe cases, treat all 13 points on the same day. In lighter cases, the treatment may be spread over two days.

Acupoint	Depth of Insertion
1. GV-26	$\frac{1}{4}$ "
2. LU-11	$\frac{1}{4}$ "
3. SP-1	$\frac{1}{4}$ "
4. HC-7	$\frac{1}{3}$ "
5. BL-62	$\frac{1}{2}$ "
6. GV-16	$\frac{1}{3}$ "
7. ST-6	$\frac{1}{2}$ "
8. VC-24	$\frac{1}{3}$ "
9. HC-8	$\frac{1}{2}$ "
10. GV-23	$\frac{1}{4}$ "
11. VC-1	1"
12. LI-11	2"
13. Tip of Tongue	Bleed

HOW TO USE THE GOD POINTS

The Chinese consider the heart the God of the body. "God Points" are effective in treating conditions and symptoms in the area of or connected with the heart and its functions. In the Chinese concept, heart, mind, and emotion are inseparable.

The God Points and their areas of effectiveness are:

KI-23 — Shen Feng,
"God's Area."

Conditions that originate or concentrate in the chest: cough, congestion, tumor, angina pectoris, pleuritis.

KI-25 — Shen Ts'ang,
"Hiding Place of God."

Conditions involving congestion in the chest area, bronchitis, nausea, loss of appetite, dyspnea, insomnia, hearing difficulty.

HT-7 — Shen Men,
"Gate of God."

Especially good for mental and emotional disorders, particularly when coupled with cardiac disorders.

BL-39 — Shen T'ang,
"Parlor of God."

All types of heart and respiratory problems; pain in upper back, shoulders, arms.

GB-13 — Pen Shen,
"Root of God."

Epilepsy, fear, mental diseases, vertigo, wry or stiff neck.

VC-8 — Shen Ch'ueh,
"Shrine of God."

Fainting, coma, cerebral hemorrhage, dysentery, abdominal pain and distention.

The Chinese believe that when a person is born, his soul enters his body through

	VC-8. When he dies, his soul leaves his body through VC-8.
GV-11 — Shen Tao, “Path of God.”	Cardiac disorders, headache, fever, nervousness, loss of memory, convulsions.
GV-24 — Shen T'ing, “Courtyard of God.”	Severe headache, disorientation, irrational behavior, eye infections, dyspnea, nausea.

HOW TO USE THE WIND POINTS

	Wind points are effective in all wind-caused disorders.
SI-12 — Ping Feng, “Holding the Wind.”	For wind-caused disorders of shoulders and arms.
BL-12 — Feng Men, “Gate of the Wind.”	Fever, headache, common cold, stiff neck, chest congestion, asthma.
GB-20 — Feng Ch'ih, “Wind Pond.”	Headache, fever, dizziness, fatigue, all ailments caused by wind, stiff neck, stroke, insomnia, whiplash.
GB-31 — Feng Shih, “Market of the Wind.”	All diseases and pain in the legs caused by wind — neuralgia, stroke, paralysis, weak knees, etc.
GV-16 — Feng Fu, “Home of the Wind.”	Epilepsy, apoplexy, paralysis, vertigo.
TH-17 — I Feng, “Obscured by the Wind.”	Hearing problems, tinnitus, facial paralysis, mumps.

HOW TO USE THE CONCENTRATION POINTS

Some Chinese acupuncturists augment treatments for certain disorders by stimulating the points at which the energy of the area concerned is concentrated in the body. These Concentration Points may be used in addition to other points indicated by diagnosis, if the involvement is apparent and augmentation seems needed.

VC-12 — Concentration Point for energy of all Yang organs.

LV-13 — Concentration Point for energy of all Yin organs.

GB-34 — Concentration Point for energy of muscle.

GB-39 — Concentration Point for energy of marrow.

BL-17 — Concentration Point for energy of blood.

BL-11 — Concentration Point for energy of bone.

LU-9 — Concentration Point for energy of pulse.

VC-17 — Concentration Point for all energy, Yin and Yang.

HOW TO USE THE PRIMARY-SECONDARY EFFECTS POINTS

Quite often an aberration of energy will cause an excess in one meridian which will spread to another, usually its coupled meridian. The pulse and symptom diagnosis will in most cases clearly indicate which is the primary and which is the secondary

aberration. The treatment formula is to sedate the Source Point on the primary meridian and open the Luo Point on the secondary meridian.

1. Primary — LU; Secondary — LI.

Symptoms: Chest pain and congestion, phlegm, asthma or cough, palms of hands hot, sweating, pain in region of ST-12 (above clavicle), arm pain, dry throat.

Treatment: Sedate Source Point — LU-9.
Open Luo Point — LI-6.

2. Primary — LI; Secondary — LU

Symptoms: Facial pain and swelling, toothache, thirst, nasal drip, sore throat.

Treatment: Sedate Source Point — LI-4.
Open Luo Point — LU-7.

3. Primary — ST; Secondary — SP

Symptoms: Congestion in abdomen and chest, mucus, loss of appetite, withdrawn and moody, dry lips, pain in feet, possibly nosebleed.

Treatment: Sedate Source Point — ST-42.
Open Luo Point — SP-4.

4. Primary — SP; Secondary — ST.

Symptoms: Tongue feels stiff, abdominal pain, nausea, vomiting, constipation, swelling and tenderness along SP meridian.

Treatment: Sedate Source Point — SP-3.
Open Luo Point — ST-40.

5. Primary — HT; Secondary — SI.

Symptoms: Chest congestion, nausea, dry mouth, thirst, nervousness, palpitations, pain in both sides, hot and dry palms.

Treatment: Sedate Source Point — HT-7.
Open Luo Point — SI-7.

6. Primary — SI; Secondary — HT.

Symptoms: Facial swelling, stiff neck, shoulder pain, sore throat, weakness in arms, tinnitus.

Treatment: Sedate Source Point — SI-4.
Open Luo Point — HT-5.

7. Primary — BL; Secondary — KI.

Symptoms: Stiff neck, eyes inflamed or irritated, pain and stiffness in legs, muscle contraction, pain in temples, nosebleed.

Treatment: Sedate Source Point — BL-64.
Open Luo Point — KI-6.

8. Primary — KI; Secondary — BL.

Symptoms: Paleness, fatigue, loss of appetite, blurred vision, fever, back and leg pain, palpitations, chest congestion.

Treatment: Sedate Source Point — KI-3.
Open Luo Point — BL-58.

9. Primary — HC; Secondary — TH.

Symptoms: Restricted extension of arms, spasms in hands, pain and swelling in upper abdomen and sides, loss of sense of taste, florid face, mild hysteria, heart feels worried, painful, and congested.

Treatment: Sedate Source Point — HC-7.
Open Luo Point — TH-5.

10. Primary — TH; Secondary — HC.

Symptoms: Hearing difficulty, dryness and impaired function in throat, eyes red and swollen, possible tenderness along TH meridian, congestion in sides, constipation, difficulty in urinating.

Treatment: Sedate Source Point — TH-4.
Open Luo Point — HC-6.

11. Primary — GB; Secondary — LV.

Symptoms: Pain and congestion in side, restricted leg movement, dry skin, headache, pain and

swelling above clavicle, sweating, chills, fever.

Treatment:

Sedate Source Point — GB-40.
Open Luo Point — LV-5.

12. Primary — LV; Secondary — GB.

Symptoms:

Lack of energy, hyperemia, face dry, chest congestion, diarrhea, difficulty in urinating; in male, possible hernia; in female, swelling and pain in lower abdomen.

Treatment:

Sedate Source Point — LV-3.
Open Luo Point — GB-37.

CHAPTER XVI

HOW TO USE WHAT YOU HAVE LEARNED

Benefit of mankind

The great forces of the universe — gravity, magnetism, electricity, atomic power — are still only partially understood, even by scientists. Yet these forces are being harnessed for the benefit of mankind. A philosopher recently jested, “If we had waited until we understood electricity to use it, we would be watching television by candlelight.”

The same principle applies to acupuncture. We know more about how to use it than we know about how it works. But it has long been used and is now being used daily for the benefit of mankind.

No scientific explanation

Many physicians will wait to learn and practice acupuncture until a scientific explanation of the reason for its effects is discovered. However, these same doctors prescribe drugs — aspirin, for instance — without a scientific explanation for their effects.

Other physicians, like you, will go ahead and make good use of the knowledge of acupuncture that is available. They will add their own clinical experience (as additional proof) to the experience that has accrued over thousands of years. They will be a part of the development of new methods and techniques of using acupuncture principles and theories.

Meanwhile, laboratory research and controlled experiments will undoubtedly continue, and will surely provide some

answers eventually. But you need not wait for this to happen. What you have learned in this seminar-in-a-book can start you on your own “voyage of discovery.”

Begin

Begin by mastering the mechanics of applying the different forms of stimulus — acupuncture, acupressure, acutheraPy. Begin by using the simplest methods of diagnosing and prescribing — tender acupoints, local acupoints, peripheral acupoints, formulae for symptoms — then progress, as you practice and observe, to adding the more complicated methods of pulse diagnosis and the Five Elements theory.

Difficult cases

Begin by treating yourself and your family, then learn what acupuncture can do for your most difficult cases — the cases on which “nothing seems to work.” You will soon know from your own experience when a particular form of meridian therapy is indicated, either alone or in combination with other treatment. As in any other therapy, experience and careful observation of results will guide you to greater knowledge, and wider application of acupuncture.

By learning and using this “new” therapy, you are adding to your ability to help solve the health problems of your patients — the primary goal of all physicians.

**Consultation
or instruction**

If you are interested in consultation on difficult or unusual cases, or if you would

like to have personal instruction in the practical application of acupuncture, you may write the authors for information, at the address of the publisher.

Statistical data

You are invited to help us collect statistical data by sending case histories directly to International Pain Control Institute. As these are compiled, those who participate will be apprised of the results.

Information may be sent on the forms provided. All names will, of course, be kept confidential.

ACUPUNCTURE AND ACUPRESSURE RESEARCH CHART

Patient's Name _____ Date _____

Age _____ Sex _____ Occupation _____

Description of Condition _____

Points Used – By Number _____

Form of Meridian Therapy _____

Time – By Number _____

Frequency _____

Results _____

Secondary Complaints _____ Secondary Complaints _____

Points Used _____ Points Used _____

Sequence _____ Sequence _____

Time _____ Time _____

Frequency _____ Frequency _____

Results _____ Results _____

Doctor's Name _____

Address _____ City _____ State _____ Zip _____

ACUPUNCTURE AND ACUPRESSURE RESEARCH CHART

Patient's Name _____ Date _____

Age _____ Sex _____ Occupation _____

Description of Condition _____

Points Used – By Number _____

Form of Meridian Therapy _____

Time – By Number _____

Frequency _____

Results _____

Secondary Complaints _____ Secondary Complaints _____

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Description of Condition _____

Points Used – By Number _____

Form of Meridian Therapy _____

Time – By Number _____

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Results _____

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Points Used _____ Points Used _____

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Time _____ Time _____

Frequency _____ Frequency _____

Results _____ Results _____

Doctor's Name _____

Address _____ City _____ State _____ Zip _____

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